VERSION: 2012.11 05/17/2013 17:47

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S PARTS I, II & III

> 9 10

> 11

PART	Ι	-	COST	REPORT	STATUS

PROVIDER USE ONLY	2. [] MANUALLY 3. [] IF THIS	ICALLY FILED COST REPORT SUBMITTED COST REPORT IS AN AMENDED REPORT ENTER THE NUMBER OF UTILIZATION. ENTER "F" FOR FULL OR "L" F	TIMES THE		TIME: 17:47O THIS COST REPORT
USE ONLY 1 2 3 4	COST REPORT STATUS AS SUBMITTED SETTLED WITHOUT AUDIT REOPENED AMENDED	6. DATE RECEIVED: 7. CONTRACTOR NO: 8. [] INITIAL REPORT FOR THIS PROVIDER CO. 9. [] FINAL REPORT FOR THIS PROVIDER CO.	10. 11. CCN 12. [NPR DATE: CONTRACTOR'S VENDO] IF LINE 5, COLUMN NUMBER OF TIMES RE	1 IS 4: ENTER

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HEALTHSOUTH DEACONESS REHABILITATION HOS (15-3025) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

47

PI Encryption: 05/17/2013 17:47 p2Kpn6NLOXTHukeApsKZpLj0vIs1B0 3WBZe0S9MgfSpCkwmqMZy3KJ0GeYq4 yX6c0h53.t092BMs PART III - SETTLEMENT SUMMARY

5 6 7

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12 200

(SIGNED)	Pol Wisnes
	OFFHEIBOWISNEH SVPF REMBURSEMENT

TITLE MAY 2 3 2013 DATE

TITLE XVIII TITLE V PART A PART B HIT TITLE XIX 1 HOSPITAL 112,492 139,646 SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER (OTHER) SWING BED - SNF SWING BED - NF SKILLED NURSING FACILITY NURSING FACILITY HOME HEALTH AGENCY HEALTH CLINIC - RHC HEALTH CLINIC - FOHC OUTPATIENT REHABILITATION PROVIDER TOTAL 112.492 139,646 200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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N

N

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I

HOSPITAL A	AND	HOSPITAL	HEALTH	CARE	COMPLEX	ADDRESS:
1 7000	The state of	4100				

1 STREET: 4100 COVERT AVENUE

OR 'N' FOR NO.

IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.

P.O.BOX:

	TREET: 4100 COVERT AVENUE ITY: EVANSVILLE STA		.BOX:								1
			ODE: 47714	CO	Y :YTMU	ANDERB	URGH				2
HOSPIT	AL AND HOSPITAL-BASED COMPONENT IDENTIF	ICATION:						PAYM	ent sy	STEM	ı
	COMPONENT 0	COMPONENT NAME 1		CCN NUMBER 2		TYPE (DATE CERTIFIED	(P, 1	r, o, XVIII	OR N	1)
3 4 5 6 7 8	HOSPITAL SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER - (OTHER) SWING BEDS - SNF SWING BEDS - NF	HEALTHSOUTH DEACONESS	REHABILI		3 21780	5 0	5 6/08/1989	6 N	7 P	0	3 4 5 6 7
9 10 11 12 13 14 15 16 17 18	HOSPITAL-BASED SNF HOSPITAL-BASED NF HOSPITAL-BASED OLTC HOSPITAL-BASED HHA SEPARATELY CERTIFIED ASC HOSPITAL-BASED HOSPICE HOSPITAL-BASED HEALTH CLINIC - RHC HOSPITAL-BASED HEALTH CLINIC - FQHC HOSPITAL-BASED (CMHC) RENAL DIALYSIS OTHER							٠			8 9 10 11 12 13 14 15 16 17 18
20 21	COST REPORTING PERIOD (MM/DD/YYYY) TYPE OF CONTROL	FROM: 01/01/2012	T 5	0: 12/31	/2012						20 21
INPATII 22	ENT PPS INFORMATION DOES THIS FACILITY QUALIFY FOR AND REC 42 CFR \$412.106 IN COLUMN 1 ENTER 19	CEIVE DISPROPORTIONATE SHAPE	RE HOSPITAL	PAYMENT	IN ACC	ORDANCE	WITH		1 N	2 N 2	22
23	42 CFR \$412.106 IN COLUMN 1, ENTER 'Y \$412.06(c)(2)(PICKLE AMENDMENT HOSPITI WHICH METHOD IS USED TO DETERMINE MEDIDATE OF ADMISSION, 2 IF CENSUS DAYS, (IN THIS COST REPORTING PERIOD DIFFERER COLUMN 2 ENTER LY CORP. FOR PERIOD DIFFERER	ALI IN COLUMN 2, ENTER 'Y' ICAID DAYS ON LINES 24 AND, DR 3 IF DATE OF DISCHARGE. NT FROM THE METHOD USED IN	OR 25 BELO	OR 'N' FO	OR NO. LUMIN 1,	ENTER	1 IF		3	N 2	23
	COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR	R NO.									
			IN-STATE MI MEDICAID EI PAID U DAYS	EDICAID LIGIBLE 1 UNPAID DAYS	STATE MEDICAL PAID DAYS	MEDIC	TE AID BLE MEDIC ID HM	о м	OTHER EDICA DAYS		
24	IF THIS PROVIDER IS AN IPPS HOSPITAL, MEDICAID PAID DAYS IN COL. 1, IN-STATE UNPAID DAYS IN COL. 2, OUT-OF-STATE ME COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE COL. 4, MEDICAID HMO PAID AND ELIGIBLE IN COL. 5, AND OTHER MEDICAID DAYS IN	MEDICAID ELIGIBLE EDICAID PAID DAYS IN UNPAID DAYS IN BUT UNPAID DAYS COL 6	1	2	3	4	5		6	2	24
25	IF THIS PROVIDER IS AN IRF, ENTER THE DAYS IN COL. 1, IN-STATE MEDICAID ELIG COL. 2, OUT-OF STATE MEDICAID DAYS IN MEDICAID ELIGIBLE UNPAID DAYS IN COL. AND ELIGIBLE BUT UNPAID DAYS IN COL. 5 DAYS IN COL. 6.	IN-STATE MEDICAID PAID IBLE UNPAID DAYS IN COL. 3, OUT-OF STATE 4. MEDICAID HMO PAID	970		359	5	208	89	13	9 2	:5
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIF AT THE BEGINNING OF THE COST REPORTING URBAN AND '2' FOR RURAL.	ICATION (NOT WAGE) STATUS PERIOD. ENTER '1' FOR			. 1	1				2	6
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIF AT THE END OF THE COST REPORTING PERIO FOR URBAN OR '2' FOR RURAL. IF APPLICA DATE OF THE GEOGRAPHIC RECLASSIFICATIO	D. ENTER IN COLUMN 1, '1'			1					2	7
35	PERIODS SCH STATUS IN EFFECT IN THE CO	SCH), ENTER THE NUMBER OF								3	5
36	ENTER APPLICABLE BEGINNING AND ENDING SUBSCRIPT LINE 36 FOR NUMBER OF PERIOD ENTER SUBSEQUENT DATES.	S IN EXCESS OF ONE AND		BEGIN	NING:		ENDING	₹:		3	6
37	IF THIS IS A MEDICARE DEPENDENT HOSPIT. OF PERIODS MDH STATUS IN EFFECT IN THE	COST REPORTING REPION								3'	7 ,
38	ENTER APPLICABLE BEGINNING AND ENDING SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN SUBSEQUENT DATES.	DATES OF MDH STATUS. N EXCESS OF ONE AND ENTER		BEGIN	NING:		ENDING):		31	8
39	DOES THE FACILITY POTENTIALLY QUALIFY IS FOR LOW VOLUME HOSPITALS AS DEEMED BY CENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR MEET THE MILEAGE REQUIREMENTS IN ACCORDENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR	OR NO. ADDITIONALLY, DOES TO THE FEDERAL OR NO. ADDITIONALLY, DOES TO A 10 101 101 101 101 101 101 101 101 10	AL REGISTER	_					1 N	2 N 39)
PROSPECT	FIVE PAYMENT SYSTEM (PPS) - CAPITAL			V 1		XVI			IX		
45 46	DOES THIS FACILITY QUALIFY AND RECEIVE SHARE IN ACCORDANCE WITH 42 CFR \$412.32			N		2 N			3 N	45	š
47	IS THIS FACILITY ELIGIBLE FOR ADDITIONS CIRCUMSTANCES PURSUANT TO 42 CFR \$412.3 PART III AND L-1, PARTS I THROUGH III.	48(f)? IF YES, COMPLETE WO	RKSHEET L,			N			N	46	i
	IS THIS A NEW HOSPITAL UNDER 42 CFR §41 OR 'N' FOR NO. IS THE FACILITY ELECTING FULL FEDERAL C					N		1	N	47	,

PROGRAM NAME

1

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFFER JULY 1, 2010

66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)

NONPROVIDER

SITE

UNWEIGHTED

SITE

FTES NONPROVIDER

RATIO (COL.1/ (COL.3+COL.4))

RATIO

(COL.1/

(COL.1+COL.2))

IN

HOSPITAL

UNWEIGHTED

FTES

IN HOSPITAL

	FROM 01/01/2012 TO 12/31/2012	IN LIEU OF FORM	MAX MICRO SYSTE 1 CMS-2552-10 (0		VERSION: 2 05/17/2013	
	HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DAT	Ά			WORKSHE PART I	
TEACHIN 56	G HOSPITALS IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN ENTER 'Y' FOR YES OR 'N' FOR NO.	APPROVED GME PROGRA	MS? N	2	3	56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PRESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FAYES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PEYES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', CO IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IF APPLICABLE.	CILITY? ENTER 'Y' F RESIDENTS START RIOD? ENTER 'Y' FOR	l,	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMB PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECT COMPLETE WORKSHEET D-5.	URSEMENT FOR ION 2148? IF YES,	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, D-2, PART I.					59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413. OR 'N' FOR NO. (SEE INSTRUCTIONS)	COSTS FOR A PROGRAM 85? ENTER 'Y' FOR Y	N ES			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTION.)	EFFECTIVE FOR PORTI 1, 2011 ENTER THE IN COLUMN 2 AND DIR	Bom.	IME AVERAGE	DIRECT GME AVERAGE	61
02	VISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADD ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVES FUNDING (SEE INSTRUCTIONS) ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING THC PROGRAM. (SEE INSTRUCTIONS)	TRAINED IN THIS D HRSA PCRE				62 62.01
TEACHING 63	G HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTING HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SITHIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' INCOMPLETE LINES 64-67. (SEE INSTRUCTIONS)	MMTNGG DIMENS	N			63
TITLU DA	5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDING YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OF 2009 AND BEFORE JUNE 30, 2010. ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEST CARE RESIDENT FTES ATTRIBUTABLE TO ROTATIONS OCCURRING NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 A INSTRUCTIONS)	TRAINED GHTED NON-PRIMARY IN ALL UNWEIGHTED	UNWEIGHTED FTES NONPROVIDER SITE	Unweighted FTES In Hospital	RATIO (COL.1/ (COL.1+COL.2))	64
	ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (CO (SEE INSTRUCTIONS)	E PROGRAM NAME. THE NUMBER OF ROTATIONS N 4 THE NUMBER				
			UNWEIGHTED FTES NONPROVIDER	UNWEIGHTED FTES	RATIO	÷

PROGRAM CODE

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)).

	PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTE FTES IN HOSPITAL 4		RATIO COL.1 3+COL	/)
INPATI	ENT PSYCHIATRIC FACILITY PPS							
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (I ENTER 'Y' FOR YES OR 'N' FOR NO.	(PF), OR DOES IT CON	TAIN AN IPF SUBPR	OVIDER?	N			70
71	IF LINE 70 YES:							71
	COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FO COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW 42 CFR \$412.424(d) (1) (iii) (D)? ENTER 'Y' FOR YES AND COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTI PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTEN	PR NO. TEACHING PROGRAM IN 'N' FOR NO. VELY IN COLUMN 3. I	ACCORDANCE WITH					· -
INPATII	ENT REHABILITATION FACILITY PPS							
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY ENTER 'Y' FOR YES OR 'N' FOR NO.	(IRF), OR DOES IT	CONTAIN AN IRF SU	BPROVIDER?	Y			75
76	IF LINE 75 YES:				N			76
	COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW 42 CFR \$412.424(d)(1)(ii)(D)? ENTER 'Y' FOR YES AND COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTI PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTEN	'N' FOR NO. TEACHING PROGRAM IN 'N' FOR NO. VELY IN COLUMN 3. II	ACCORDANCE WITH					
LONG TE	RM CARE HOSPITAL PPS							
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' F	OR YES OR 'N' FOR NO).			N		80
TEFRA F	ROVIDERS							
86	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (ENTER 'Y' FOR YES, OR 'N' FOR NO.	TEFRA?. ENTER 'Y' FO EXCLUDED UNIT) UNDER	OR YES OR 'N' FOR R 42 CFR \$413.40(NO. E)(1)(ii)?		N N		85 86
TITLE V	AND XIX INPATIENT SERVICES						XIX	
90 91	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT FOR NO IN APPLICABLE COLUMN.						2 Y	90
	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THE ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE CO				?	N	N	91
92	'N' FOR NO IN THE APPLICABLE COLUMN	EDS (DUAL CERTIFICAT					N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURI 'N' FOR NO IN THE APPLICABLE COLUMN					N	N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER COLUMN.			ICABLE		N	N	94
95 96	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN	THE APPLICABLE COLUM	N.					95
97	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER COLUMN. IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN TO			PLICABLE		N :	N	96
RIIRAI. P	ROVIDERS	ALIBICADOS CODOM	74.					97
105 106	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPIT IF THIS FACILITY QUALIFIES AS A CAH, HAS IT FLECTED TO	FAL (CAH)? HE ALL-INCLUSIVE MET	HOD OF PAYMENT FO	ı R		1 N		105 106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT E TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THI APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2	ELIGIBLE FOR COST RE N COLUMN 1. IF YES, E PROGRAM WOULD BE C S FACILITY IS A CAH EXCLUDED IPF AND/OR	IMBURSEMENT FOR I THE GME ELIMINATI OST REIMBURSED. I , DO I&RS IN AN IRF UNIT? ENTER	&R				107
100	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION T SEE 42 CFR \$412.113(c). ENTER 'Y' FOR YES OR 'N' FOR N	O THE CRNA FEE SCHE	DULE?			N	1	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH	100 munning	CES PROVIDED	PHY- OCCU SICAL ATION N		RESPI RATOR	RY	109

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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HOSPITAL	AND	HEALTH	CARE	COMPLEX	IDENTIFICATION	DATA
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	HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA			EET S-2 (CONT)
MISCELL	ANEOUS COST REPORTING INFORMATION			
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. I) ENTER THE METHOD USED (A. B. OR E ONLY) IN COLUMN 2			115
	IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR 'PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITAL PROVIDERS) BASED ON THE DEFINITION IN CMS 15-15 2208.1.)8' LS		
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.			
117	IS THIS FACILITY LEGALLY BROWLERS OF CARRY CENTER, ENTER Y FOR YES OR 'N' FOR NO.	1	N	116
118	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY	'N' FOR NO.	Y	117
	CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	IS	ī	118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:			
				118.01
118.02	PREMIUMS: 30,319 PAID LOSSES: 50,346 SELF INSURANCE: ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE			
	ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING	2	N	118.02
	COST CENTERS AND AMOUNTS CONTAINED THEREIN.			
120	IS THIS A SCHOOL EACH THAT OWN INTERS FOR THE CUMPATITION HOLD			
	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOILS THIS A RIPHAL HOSPITAL WITH (100 PERS MULTI	\$3121	N N	120
	IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLES	NO.		
	PROVISION IN ACA \$3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2	S		
	FOR YES OR 'N' FOR NO.	, 'Y'		
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? E	-		
	'Y' FOR YES OR 'N' FOR NO.	MIEK I	N	121
TRANSPL	ANT CENTER INFORMATION			
125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'V' FOR VES OR 'N' FOR NO. IF VES	•		
	MICA CERTIFICATION DATE(S) (MM/DD/YYYY) RELOW		v	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER THE CERTIFICATION DATE.	TM		106
	CODOMN I AND TERMINATION DATE. IF APPLICABLE IN COLUMN 2			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTED THE CERTIFICATION DATE:	'N		127
	COLUMN I AND TERMINATION DATE. IF APPLICABLE IN COLUMN 2			12/
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER THE CERTIFICATION DATE.	'N		128
				128
129	IF THIS IS A MEDICARE CERTIFIED LING TRANSPLANT CENTER THE CERTIFICATION DATE:	r		129
130	COUCHN I AND TERMINATION DATE, IF APPLICABLE IN COLUMN 2			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DAT	E IN		130
131	CODOM I AND IDMINATION DATE. IF APPLICABLE IN COLUMN 2			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION D	ATE IN		131
132				
-32	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE I	N		132
133	COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			
	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE I COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	N		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AN			
	TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.	D		134
	The Colored Z.			
ALL PRO	/IDERS			
			_	
140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1,	1	2	
	CHAPTER IVERNIER I FUR IES. OR 'N' FOR NO IN COLUMN 1 TE VEC AND HOLD COURSE	¥	019005	140
	ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.			
IF THIS	FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND			
	OF THE HOME OFFICE AND ENTER THE HOME OFFICE COMPRIGNOR MAKE AND COMPRIGNOR			
	CONTRACTOR'S NAME, CAUADA COA	CONTRACTOR'S NUMBER	P. 10101	141
145	SIRET: 3000 GRANDVIEW PARKWAY, SUIT P.O. BOX:	NOMBE	IVIUI	141
143 144	CITY: BIRMINGHAM STATE: AL	ZIP CODE: 35243		142
144				144
143	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPA	PIENT N		145
146	SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.			
140	FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2. SECTION 4020) IF YES EMBER OUT.	R'Y' N		146
	FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE	3		
	APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.			

WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR 148 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR	FOR NO		N N N	147 148 149
DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR \$413.13) 155 HOSPITAL 156 SUBPROVIDER - IPF 157 SUBPROVIDER - IRF 158 SUBPROVIDER - (OTHER) 159 SNF 160 HHA 161 CMHC	TITLE X PART A 1 N N N N N N N	VIII PART B 2 N N N N N N N	TITLE V 3	TITLE XIX 4 N 155 156 157 158 159 160 161

PROVIDER CCN: 15-3025 HEALTHSOUTH DEACONESS REHABILI PERIOD FROM 01/01/2012 TO 12/31/2012 PROVIDER CCN: 15-3025

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FTE/CAMPUS

5

N

CBSA

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 PART I (CONT)

MULTICAMPUS

IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAS? ENTER 'Y' FOR YES OR 'N' FOR NO.

165

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME COUNTY STATE ZIP CODE 0

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167
168 IS THIS PROVIDER A MEANINGFUL USER UNDER \$1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),

ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. N 167 168

169

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HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES. ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED	DV	377	LOCDIMA	•

COMP	LETED BY ALL HOSPITALS						
PROV	IDER ORGANIZATION AND OPERATION		Y/N	DATE			
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE		1	2			
_	COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE		N			1	
	INSTRUCTIONS)						
			17 /30			_	
			, Y/N 1	DATE	٧/	_	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER	D	N N	2	3		
	IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3. 'V' FOR VOLUMTARY OF 'I'		N			2	
_	FOR INVOLUNTARY.						
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT		Y			3	
	CONTRACTS, WITH INDIVIDUALS OR ENTITIES (F.C. CHAIN HOME OFFICES David on		•			,	
	MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS,						
	MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS						
	THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)						
FINA	NCIAL DATA AND REPORTS		Y/N	TYPE	DATE		
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED DURY TO		1 Y	2	3		
	ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITORD 'C' FOR COMPILER OR IR		Y	A		4	
	FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3 (CDD						
_	INSTRUCTIONS). IF NO. SEE INSTRUCTIONS						
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON		N			5	
	THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.		••			,	
APPR	OVED EDUCATIONAL ACTIVITIES			Y/N	Y/1	N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL?			1	2		
•	COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?			N		6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.						
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING		N			7	
	THE COST REPORTING PERIOD?	,	N			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST		N			_	
	ABPORT IF IES. SEE INSTRUCTIONS		N			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST		N			10	
11	REPORTING PERIODY IF YES, SER INSTRICTIONS		-1			10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED		N			11	
	TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.						
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.				Y/I		
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING					12	
	11113 COST REPORTING PERIODS IN ARC CHRIMITIN CODY				N	13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WATUEDS IF VEC						
	SEE INSTRUCTIONS.				N	14	
15	OMPLEMENT						
13	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES,				N	15	
	SEE INSTRUCTIONS.				••		
			PART A		PART B		
PS&R	REPORT DATA	Y/N		Y/N	DATE		
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3	1	2	3	4		
	15 1ES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND A	N		Υ (3/05/2013	16	
	(SEE INSTRUCTIONS)						
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S	Y	03/05/2013	N		17	
		•	03/03/2013	N		17	
18	DAIS IN COLUMNS 2 AND 4. (SER INSTRUCTIONS)						
10	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PSER REPORT DATA FOR	N		N		18	
	ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT						
19	USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS. IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PSER REPORT DATA FOR						
	CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19	
20	DING IO OR I/ IS IES. WERE ALTHUSTMENTS MADE TO DOCK DEPOND DATA TO A ACCOUNT						
	DESCRIBE IND CINER ADJUSTMENTS: SPLIT IN 760 DOD DEDITOR OOF 1100 1100-	Y		N		20	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF VEG CER	N					
	INSTRUCTIONS.	74		N		21	

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HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES. ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

	ENTER ALL DATES IN THE MM/DD	/YYYY FORMAT.			
COMPL	ETED BY COST REIMBURSED AND TEFRA HOSPITALS	ONLY (EXCEPT CHILDRENS HOSPITALS)			
CAPIT	AL RELATED COST				
22 23	HAVE ASSETS BEEN RELIFED FOR MEDICARE PURPO HAVE CHANGES OCCURRED IN THE MEDICARE DEPRE	CIATION EXPENSE DUE TO APPRAISALS			22 23
24	MADE DURING THE COST REPORTING PERIOD? IF Y WERE NEW LEASES AND/OR AMENDMENTS TO EXISTI COST REPORTING PERIOD? IF YES, SEE INSTRUCT	NG LEASES ENTERED INTO DURING THIS		,	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTE PERIOD? IF YES, SEE INSTRUCTIONS.	RED INTO DURING THE COST REPORTING			25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA A PERIOD? IF YES, SEE INSTRUCTIONS.	CQUIRED DURING THE COST REPORTING			26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANG IF YES, SEE INSTRUCTIONS.	ED DURING THE COST REPORTING PERIOD?			27
	EST EXPENSE				
28	WERE NEW LOAMS, MORTGAGE AGREEMENTS OR LETT THE COST REPORTING PERIOD? IF YES, SEE INST	RUCTIONS.			28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION SERVICE RESERVE FUND) TREATED AS A FUNDED D	ACCOUNT AND/OR BOND FUNDS (DEBT EPRECIATION ACCOUNT? IF YES. SEE			29
30	INSTRUCTIONS. HAS EXISTING DEBT BEEN REPLACED PRIOR TO IT				30
31	IF YES, SEE INSTRUCTIONS. HAS DEBT BEEN RECALLED BEFORE SCHEDULED MAT				31
	IF YES, SEE INSTRUCTIONS.	The state of the s			31
PURCH 32	ASED SERVICES HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN	DAWLENIN CARE CURVISOR CONTROL			
J-	THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLINSTRUCTIONS.	PATIENT CARE SERVICES FURNISHED IERS OF SERVICES? IF YES, SEE			32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCT	SEC. 2135.2 APPLIED PERTAINING IONS.			33
	DER-BASED PHYSICIANS				
3.4	ARE SERVICES FURNISHED AT THE PROVIDER FACI. PROVIDER-BASED PHYSICIANS? IF YES, SEE INST.	RUCTIONS			34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENT THE PROVIDER-BASED PHYSICIANS DURING THE CO. INSTRUCTIONS.	S OR AMENDED EXISTING AGREEMENTS WITH			35
иоме	OFFICE COSTS		Y/N	DATE	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST	P P D O P P 2	1	2	•
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STOFFICE? IF YES, SEE INSTRUCTIONS.	TATEMENT BEEN PREPARED BY THE HOME			36 37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END (THAT OF THE PROVIDER? IF YES, ENTER IN COLUM	OF THE HOME OFFICE DIFFERENT FROM MN 2 THE FISCAL YEAR END OF THE HOME	N		38
39	OFFICE. IF LINE 36 IS YES, DID THE PROVIDER RENDER:	SERVICES TO OTHER CHAIN COMPONENTS?			39
40	IF YES, SEE INSTRUCTIONS. IF LINE 36 IS YES, DID THE PROVIDER RENDER :				40
	SEE INSTRUCTIONS.	· =			40
	REPORT PREPARER CONTACT INFORMATION				
41 42 43	FIRST NAME: JIM EMPLOYER: HEALTHSOUTH CORPORATION	LAST NAME: WYATT	TITLE: SR REIMBURSEMENT	SPE	41 42
47	PHONE NUMBER: 205-969-8265	E-MAIL ADDRESS: JAMES.WYATT@HEALTHSOUTH.COM			43

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

WKST A	INPATIENT DAYS / OUTPATIENT VISIT	rs / Trips Total
COMPONENT LINE NO OF BED DAYS CAR NO. BEDS AVAILABLE HOUR 1 2 3 4	RS TITLE V XVIII XIX	ALL PATIENTS 8
1 HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 30 80 29,280 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	16,130 1,065	23,200 1
2 HMO	2,142 696	
3 HMO IPF SUBPROVIDER	2,142 050	2
4 HMO IRF SUBPROVIDER		, A
5 HOSPITAL ADULTS & PEDS. SWING BED SNF 6 HOSPITAL ADULTS & PEDS. SWING BED NE		
7 MOMENT ADVITOR OF THE PROPERTY OF THE PROPER		6
70 70 70 70 70 70 70 70 70 70 70 70 70 7	16,130 1,065	23,200 7
OBSERVATION BEDS) (SEE INSTR.) 8 INTENSIVE CARE UNIT		
		8
9 CORONARY CARE UNIT 32 10 BURN INTENSIVE CARE UNIT 33		9
11 SURGICAL INTENSIVE CARE UNIT 34		10
12 OTHER SPECIAL CARE (SPECIFY) 35		11
13 NURSERY 43		12
14 TOTAL (SEE INSTRUCTIONS) 80 29,280	46.400	13
15 CAH VISITS	16,130 1,065	23,200 14
16 SUBPROVIDER - IPF 40		15
17 SUBPROVIDER - IRF 41		16
18 SUBPROVIDER I 42		17
19 SKILLED NURSING FACILITY 44		18 19
20 NURSING FACILITY 45		20
21 OTHER LONG TERM CARE 46 22 HOME HEALTH AGENCY 101		21
23		22
24		23
25 2342		24
25 CMHC 99 26 RHC 88		25
27 TOTAL (SUM OF LINES 14-26) 80		26
28 OBSERVATION BED DAYS		27
29 AMBULANCE TRIPS		28
30 EMPLOYEE DISCOUNT DAYS (SEE INSTR.)		29
31 EMPLOYEE DISCOUNT DAYS-IRF		30
32 LABOR & DELIVERY DAYS (SEE INSTR.)		31
33 LTCH NON-COVERED DAYS		32 33

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I (CONTINUED)

	COMPONENT	WKST A LINE NO. 1	TOTAL INTERNS & RESIDENTS	employees on	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE	TOTAL ALL PATIENTS	
			,	10	11	12	13	14	15	
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					1,125	66	1,553	1
2	HMO						136			2
3	HMO IPF						130			3
4	HMO IRF									3
5	HOSPITAL ADULTS & PEDS. SWING BED SNF									•
6	HOSPITAL ADULTS & PEDS. SWING BED NF									6
7	TOTAL ADULTS & PEDS. (EXCLUDE									7
8	OBSERVATION BEDS) (SEE INSTR.)									•
9	INTENSIVE CARE UNIT	31								8
10	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	32								g .
11	SURGICAL INTENSIVE CARE UNIT	33								10
12	OTHER SPECIAL CARE (SPECIFY)	34 35								11
13	NURSERY	35 43								12
14	TOTAL (SEE INSTRUCTIONS)	4.3								13
15	CAH VISITS			200.14			1,125	66	1,553	
16	SUBPROVIDER - IPF	40								15
17	SUBPROVIDER - IRF	41								16
18	SUBPROVIDER I	42								17
19	SKILLED NURSING FACILITY	44								18
20	NURSING FACILITY	45								19
21	OTHER LONG TERM CARE	46								20
22	HOME HEALTH AGENCY	101								21
23	ASC (DISTINCT PART)	115								22 23
24	HOSPICE (DISTINCT PART)	116								24
25	CMHC	99								25
2 6 2 7	RHC	88								26
28	TOTAL (SUM OF LINES 14-26)			200.14						27
29	OBSERVATION BED DAYS AMBULANCE TRIPS									28
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									29
31	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
32	LABOR & DELIVERY DAYS (SEE INSTR.)									31
33	LTCH NON-COVERED DAYS									32
	VVILLOD DRIQ									33

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART II & III

PART II - WAGE DATA

		WKST A LINE NUMBER 1	AMOUNT REPORTED 2	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	RELATED HO TO SALARIES (AVERAGE URLY WAGE COL. 4 + COL. 5)
1 2 3 4 4.01 5	SALARIES TOTAL SALARIES (SEE INSTRUCTIONS) NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN-PART A ADMINISTRATIVE PHYSICIAN-PART A - TEACHING PHYSICIAN-PART B NON-PHYSICIAN-PART B	200	10,302,342	3		416,291.00	1 2 3 4 4.01 5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM) HOME OFFICE PERSONNEL SNF	21					7 7.01 8 9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) OTHER WAGES & RELATED COSTS			13,766		372.66	10
11 12	CONTRACT LABOR (SEE INSTRUCTIONS) CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES		9,383	3		204.25	11 12
13 14 15 16	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE HOME OFFICE SALARIES & WAGE-RELATED COSTS HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS	* . L	80,032 899,226			530.00 10,695.00	13 14 15 16
17	WAGE-RELATED COSTS (CORE)		1,624,812	2			17
18 19	WAGE-RELATED COSTS (OTHER) EXCLUDED AREAS		2,174	l			18 19
20 21 22	NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B PHYSICIAN PART A - ADMINISTRATIVE PHYSICIAN PART A - TEACHING						20 21 22
23 24 25	PHYSICIAN PART A - TEACHING PHYSICIAN PART B WAGE-RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (IN AN APPROVED PROGRAM) OVERHEAD COSTS - DIRECT SALARIES						22.01 23 24 25
26 27 28 29	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.) MAINTENANCE & REPAIRS		1,704,393 16,608			3,515.20 51,897.74 45.50	26 27 28
30 31	OPERATION OF PLANT		229,763			11,148.80	29 30
32 33	LAUNDRY & LINEN SERVICE HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)		254,176	26,848 -26,848		2,070.49 18,532.80	31 32
34 35 36	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS) CAFETERIA		284,238	3		21,756.80	33 34 35 36
37 38 39 40	MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION CENTRAL SERVICES AND SUPPLY PHARMACY		267,312	2		9,443.20	37 38 39 40
41 42 43	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY SOCIAL SERVICE OTHER GENERAL SERVICE		126,167 509,605			7,280.00 18,408.00	41 42 43
PART	III - HOSPITAL WAGE INDEX SUMMARY						
1 2	NET SALARIES (SEE INSTRUCTIONS) EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		10,318,950		10,318,950 13,766		24.79 1 36.94 2
3 4 5	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) SUBTOTAL WAGE-RELATED COSTS (SEE INST.)			-13,766	10,305,184 988,641 1,624,812	415,963.84 11,429.25	24.77 3 86.50 4 15.77% 5
6 7	TOTAL (SUM OF LINES 3 THRU 5) TOTAL OVERHEAD COST (SEE INSTRUCTIONS)		12,932,403 3,392,262		12,918,637 3,378,496		30.23 6 23.45 7

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AMOUNT

HOSPITAL WAGE RELATED COSTS

PART A - CORE LIST

WORKSHEET S-3 PART IV

		REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS		
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	138,909	1
3	NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		2
4	QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		4
5	401K/TSA PLAN ADMINISTRATION FEES		-
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		2
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
_	HEALTH AND INSURANCE COST		,
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	988,859	۰
9	PRESCRIPTION DRUG PLAN	300,033	۵
10	DENTAL, HEARING AND VISION PLAN		10
11 12	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	19,940	
13	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	•	12
14	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
15	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) WORKERS' COMPENSATION INSURANCE		14
16	BETTIEFFEN LEAI TO CARE CORE CONT.	78,698	15
	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY		
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY	743,356	17
19	UNEMPLOYMENT INSURANCE		18
20	STATE OR FEDERAL UNEMPLOYMENT TAXES		19
	OTHER	55,016	20
21	EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE)		
	(SEE INSTRUCTIONS)		21
22	DAY CARE COSTS AND ALLOWANCES	207 700	
23	TUITION REIMBURSEMENT	-397,792	22
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	1,626,986	
		1,020,986	4
DADO	T. D. ORIUM MUSIC CO. C.		
25	B - OTHER THAN CORE RELATED COST		
43	OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25
		•	

WORKSHEET S-3 PART V

HOSPITAL CONTRACT LABOR AND BENEFIT COST

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

	COMPONENT							
	0							
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST							
2	HOSPITAL							
3	SUBPROVIDER - IPF							
4	SUBPROVIDER - IRF							
5	SUBPROVIDER - (OTHER)							
6	SWING BEDS - SNF							
7	SWING BEDS - NF							
8	HOSPITAL-BASED SNF							
9	HOSPITAL-BASED NF							
10	HOSPITAL-BASED OLTC							
11	HOSPITAL-BASED HHA							
12	SEPARATELY CERTIFIED ASC							
13	HOSPITAL-BASED HOSPICE							
14	HOSPITAL-BASED HEALTH CLINIC - RHC							
15	HOSPITAL-BASED HEALTH CLINIC - FOHC							
16	HOSPITAL-BASED (CMHC)							
17	RENAL DIALYSIS							
18	OTHER							

CONTRACT LABOR 1	BENEFIT COST 2	
9,383	1,626,986	1
9,383	1,624,812	2
		3 4 5
		4
		5
		6
		7
		8
		9
		10 11
		12
		13
		14
		15
		16
		17
	2,174	18

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

					TOTAL		
		COST CENTER			(COL. 1 +	RECLASSIFI-	
		COST CENTER	SALARIES	OTHER	COL. 2)	CATIONS	
		ATTITUTE	1	2	3	4	
		GENERAL SERVICE COST CENTERS				_	
1	00100	CAP REL COSTS-BLDG & FIXT		913.908	913,908 283,566 208,497 1,924,242 4,264,889	110 207	1
2	00200	CAP REL COSTS-MVBLE EQUIP		283 566	202 566	115,207	
3	00300	OTHER CAPITAL RELATED COSTS		205,500	203,300	115,899	2
4	00400	EMPLOYER BENEFITS		208,497	208,497	-208,497	3
5				1,924,242	1,924,242	144,556	4
ě	00500	MATAMARIAN C CONSTAL	1,704,393	2,560,496	4,264,889	-196,126	5
٥	00000	MAINTENANCE & REPAIRS					6
7		OPERATION OF PLANT	229,763	509.115	738,878 13,790 311,768 628,920	21 617	ž
. 8	00800	LAUNDRY & LINEN SERVICE	-,	13 790	13 700	21,017	<u>'</u>
9	00900	HOUSEKEEPING	254,176	E7 E03	13,790	20,848	8
10	01000	DIETARY	284,238	37,392	311,768	-26,848	9
11		CAFETERIA	204,230	344,682	628,920	-5	10
12		MAINTENANCE OF PERSONNEL					11
13	01200	AMINISTRA ADMINISTRATION OF PERSONNEL					12
14	01300	NURSING ADMINISTRATION	267,312	16,018	283,330		13
	01400	CENTRAL SERVICES & SUPPLY		·	,		14
15	01500	PHARMACY					
16	01600	MEDICAL RECORDS & LIBRARY	126,167	01 704	217 261		15
17	01700	SOCIAL SERVICE	E00 60E	91,79 4 8,217	217,961 517,822		16
19	01900	NONPHYSICIAN ANESTHETISTS	309,605	8,217	517,822		17
20	02000	NURSING SCHOOL					19
21	02100	TOR CRITICAL COLLEGE					20
22	02100	I&R SRVCES-SALARY & FRINGES APPRVD					21
	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
.23	02300	PARAMED ED PRGM-(SPECIFY)					
		INPATIENT ROUTINE SERV COST CENTERS					23
30	03000	ADULTS & PEDIATRICS	2 427 001	200,518			
		ANCILLARY SERVICE COST CENTERS	3,427,301	200,518	3,628,499	-19,491	30
54	05400	RADIOLOGY-DIAGNOSTIC					
	05401	RADIOLOGY-SUA		216,317	216,317	264,240	54
60	05401	NADIOLOGI-SUA			*	264,240 396	54.01
	06000	LABORATORY		292,155	292,155	330	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	265,782 1,137,041	* - 3 -			
65	06500	RESPIRATORY THERAPY	265.782	83 321	349 103	63.011	02.30
6 6	06600	PHYSICAL THERAPY	1 137 041	37 002	1 174 074	-63,811	65
67	06700	OCCUPATIONAL THERAPY	1 045 306	37,693	1,1/4,934	60,293	66
68	06800	SPEECH PATHOLOGY	1,043,206	9,085	1,054,291	1,801	67
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	549,732	6,573	556,305	1,717	68
73	07300	DRUGS CHARGED TO PATIENTS	55,162	174,891	230,053		71
76	07500	DRUGS CHARGED TO PATIENTS	396,513	559,998	956,511		73
		PSYCHOLOGY	49,271	3.087	52.358	105	76
/6.01	03951	SPECIAL PROCEDURES	265,782 1,137,041 1,045,206 549,732 55,162 396,513 49,271	264.636	264,636	256 271	76.01
76.97	07697	CARDIAC REHABILITATION		_00,000	204,030	-250,3/1	76.01
76.98	07698	MIFERDARIC UNIGEN THERAPY					
76.99	07699	LITHOTRIPSY					76.98
		OUTPATIENT SERVICE COST CENTERS					76.9 9
92	09200	OBSERVATION BEDS					
	******	OMURR RATURINGS - CO					92
		OTHER REIMBURSABLE COST CENTERS					
112	11111	SPECIAL PURPOSE COST CENTERS					
113	11300	INTEREST EXPENSE	10,302,342	6 514	6 E14		
118		SUBTOTALS (SUM OF LINES 1-117)	10.302.342	9 796 905	0,314		113
			10,302,322	0,700,903	19,089,247	-14,470	118
192	19200	PHYSICIANS' PRIVATE OFFICES					
193	19300	NONPAID WORKERS		35	35		192
194		NRCC MARKETING					193
	07051	CHECK MALE				14,470	194
200		GUEST MEALS				,-,	194.01
200		TOTAL (SUM OF LINES 118-199)	10,302,342	8,786,940	19.089.282		200
					-7,007,202		200

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	adjust- Ments	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6)	
			5	6	7	
		GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP OTHER CAPITAL RELATED COSTS EMPLOYER BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY				
1	00100	CAP REL COSTS-BLDG & FIXT	1,033,115	189,347	1,222,462	1
2	00200	CAP REL COSTS-MVBLE EQUIP	399,465	-42,479	356,986	2
3	00300	OTHER CAPITAL RELATED COSTS		·		- ī
4	00400	EMPLOYEE BENEFITS	2,068,798	-336,436	1.732.362	Ã
5	00500	ADMINISTRATIVE & GENERAL	4,068,763	-418,912	3.649.851	Š
6	00600	MAINTENANCE & REPAIRS	.,,	,	3,013,032	5
7	00700	OPERATION OF PLANT	760,495 40,638 284,920 628,915	-64.121	696 374	ž
. 8	00800	LAUNDRY & LINEN SERVICE	40.638	**,	40 638	,
9	00900	HOUSEKEEPING	284.920		284 920	9
10	01000	DIETARY	628.915	-23 043	605 972	10
11	01100	CAFETERIA	020,525	-23,043	003,872	
12	01200	MAINTENANCE OF PERSONNEL				11
13		NURSING ADMINISTRATION	283,330	0 441	274 888	12
14		CENTRAL SERVICES & SUPPLY	203,330	-0,441	2/4,009	13
15		PHARMACY				14
16		MEDICAL RECORDS & LIBRARY	217,961		24 - 244	15
17	01700	SOCIAL SERVICE			217,961	16
19		NONPHYSICIAN ANESTHETISTS	517,822		517,822	17
20		NURSING SCHOOL				19
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				20
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				21
23	02200	PARAMED ED PRGM-(SPECIFY)				22
43	02300	INDICIONE POURTUR CERT COCE CENTRE				23
30	02000	INPATIENT ROUTINE SERV COST CENTERS				
30	03000	ADULTS & PEDIATRICS	3,609,008	-29,794	3,579,214	30
E 4	05400	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATIENTS DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY				
54 A1	05400	RADIOLOGY-DIAGNOSTIC	480,557	-112,107	368,450	54
54.01	02401	RADIOLOGY-SUA	396	-311	85	54.01
60	06000	LABORATORY	292,155	-172,525	119,630	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	285,292	-27,597	257.695	65
66	06600	PHYSICAL THERAPY	1,235,227	-789	1.234.438	66
67	06700	OCCUPATIONAL THERAPY	1,056,092	-260	1.055.832	67
68	06800	SPEECH PATHOLOGY	558,022		558.022	68
71	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	230,053	-130	229 923	71
73	07300	DRUGS CHARGED TO PATIENTS	956.511	-4.501	952 010	73
76	03550	PSYCHOLOGY	52.463	-,502	52,010	73 76
76.01	03951	SPECIAL PROCEDURES	8.265		9 265	
76.97	07697	CARDIAC REHABILITATION	0,203		0,203	76.01
						76.97
76.99	07699	LITHOTRIPSY			*	76.98
		OUTPATIENT SERVICE COST CENTERS				76.99
92	09200	OBSERVATION BEDS				
		OTHER REIMBURSABLE COST CENTERS				92
		SPECIAL PURPOSE COST CENTERS				
113	11300	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS PHYSICIANS: PRIVATE OFFICES NONPAID WORKERS NRCC MARKETING	6 614	C 514		
		SUBTOTALS (SUM OF LINES 1-117)	0,314 10,074,777	-6,514		113
•		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	19,0/4,777	-1,058,613	18,016,164	118
	19200	PHYSICIANS' PRIVATE OFFICES				
	19300	NONPAID WORKERS	35	818	853	192
194	07950	NRCC MARKETING				193
	07951	GUEST MEALS	14,470		14,470	194
200	0/301	TOTAL (CIM OF LINES 110 100)				194.01
200		GUEST MEALS TOTAL (SUM OF LINES 118-199)	19,089,282	-1,057,795	18,031,487	200

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RECLASSIFICATIONS

WORKSHEET A-6

	RECLASSIFICATIONS			*		WORKSHEET A-6
	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	LINE #	SALARY	OTHER
3	INSURANCE INSURANCE INSURANCE TOTAL RECLASSIFICATIONS CODE LETTER - A	A A A	2 CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	3 1 2	4	5 13,492 1 13,117 2 3 26,609 500
3	MARKETING MARKETING MARKETING TOTAL RECLASSIFICATIONS CODE LETTER - B	В В В	NRCC MARKETING	194	13,766 13,766	704 1 2 3 704 500
3	PHYSICIANS PHYSICIANS PHYSICIANS TOTAL RECLASSIFICATIONS CODE LETTER - C	c c	ADULTS & PEDIATRICS PSYCHOLOGY	30 76		10,391 1 105 2 3 10,496 500
2	SERVICE UNDER ARRANGEMENT SERVICE UNDER ARRANGEMENT TOTAL RECLASSIFICATIONS CODE LETTER - D	D D	RADIOLOGY-SUA	54.01		396 1 2 396 500
2	SNF RECLASS SNF RECLASS TOTAL RECLASSIFICATIONS CODE LETTER - E	E E	EMPLOYEE BENEFITS	4	80,553 80,553	64,003 1 2 64,003 500
2 3	TRANSPORTATION TRANSPORTATION TRANSPORTATION TOTAL RECLASSIFICATIONS CODE LETTER - F	F F	OPERATION OF PLANT SPECIAL PROCEDURES	7 76.01		21,617 1 8,265 2 3 29,882 500
2 3	DAY TREATMENT DAY TREATMENT TOTAL RECLASSIFICATIONS CODE LETTER - G	G G	OCCUPATIONAL THERAPY SPEECH PATHOLOGY	67 68		1,801 1 1,717 2 3 3,518 500
2	RADIOLOGY RADIOLOGY TOTAL RECLASSIFICATIONS CODE LETTER - H	н	RADIOLOGY-DIAGNOSTIC	. 54		264,636 1 2 264,636 500
2	LAUNDRY SALARIES LAUNDRY SALARIES TOTAL RECLASSIFICATIONS CODE LETTER - I	I	LAUNDRY & LINEN SERVICE	8	26,848 26,848	1 2 500
2	REHAB TECHS REHAB TECHS TOTAL RECLASSIFICATIONS CODE LETTER - J GRAND TOTAL (INCREASES)	J J	PHYSICAL THERAPY	66	63,811 63,811	1 2 500
	,,				184,978	400,244

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RECLASSIFICATIONS						
						RKSHEET A-6
EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6		SALARY 8		
1 INSURANCE 2 INSURANCE 3 INSURANCE 500 TOTAL RECLASSIFICATIONS CODE LETTER - A	A A A	ADMINISTRATIVE & GENERAL	5		26,609 26,609	12 1 12 2 3 500
1 MARKETING 2 MARKETING 3 MARKETING 500 TOTAL RECLASSIFICATIONS CODE LETTER - B	B B B	ADMINISTRATIVE & GENERAL DIETARY	5 10	13,766 13,766	699 5 704	1 2 3 500
1 PHYSICIANS 2 PHYSICIANS 3 PHYSICIANS 500 TOTAL RECLASSIFICATIONS CODE LETTER - C	с с с	ADMINISTRATIVE & GENERAL	5		10,496 10,496	1 2 3 500
1 SERVICE UNDER ARRANGEMENT 2 SERVICE UNDER ARRANGEMENT 500 TOTAL RECLASSIFICATIONS CODE LETTER - D	ָD D	RADIOLOGY-DIAGNOSTIC	54		396 396	1 2 500
1 SNF RECLASS 2 SNF RECLASS 500 TOTAL RECLASSIFICATIONS CODE LETTER - E	E E	ADMINISTRATIVE & GENERAL	5	80,553 80,553	64,003 64,003	1 2 500
1 TRANSPORTATION 2 TRANSPORTATION 3 TRANSPORTATION 500 TOTAL RECLASSIFICATIONS CODE LETTER - F	F F F	ADULTS & PEDIATRICS	30		29,882 29,882	1 2 3 500
1 DAY TREATMENT 2 DAY TREATMENT 3 DAY TREATMENT 500 TOTAL RECLASSIFICATIONS CODE LETTER - G	G G G	PHYSICAL THERAPY	66		3,518 3,518	1 2 3 500
1 RADIOLOGY 2 RADIOLOGY 500 TOTAL RECLASSIFICATIONS CODE LETTER - H	н	SPECIAL PROCEDURES	76.01		264,636 264,636	1 2 500
1 LAUNDRY SALARIES 2 LAUNDRY SALARIES 500 TOTAL RECLASSIFICATIONS CODE LETTER - I	I	HOUSEKEEPING	9	26,848 26,848		1 2 500
1 REHAB TECHS 2 REHAB TECHS 500 TOTAL RECLASSIFICATIONS CODE LETTER - J GRAND TOTAL (DECREASES)	J J	RESPIRATORY THERAPY	65	63,811 63,811 184,978	400,244	1 2 500
				,,,,	/	

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	ACQUISITION DONATION 3		L RETI			FULLY PRECIATED ASSETS 7	
2	LAND LAND IMPROVEMENTS BUILDINGS AND FIXTURES									1 2
	BUILDING IMPROVEMENTS FIXED EQUIPMENT	2,146,841	4,802		4,8	102		2,151,643		4
7	MOVABLE EQUIPMENT HIT DESIGNATED ASSETS	1,899,167	290,163		290,1	.63	97,405	2,091,925		5 6 7
9	SUBTOTAL (SUM OF LINES 1-7) RECONCILING ITEMS		294,965		294,9	65	97,405	4,243,568		8
10	TOTAL (LINE 7 MINUS LINE 9)	4,046,008	294,965		294,9	65	97,405	4,243,568		10
	PART II - RECONCILIATION OF	AMOUNTS FRO	M WORKSHEET	A, COLUMN 2,	LINES 1 AN	D 2 VARY OF CAP	ITAL	OTHER		
	DESCRIPTION	I		LEASE IN	I TEREST (SE 11	NSURANCE E INSTR.) 12	TAXES (SEE INSTR. 13	CAPITAL- RELATED COSTS (SEE) INSTR.)	TOTAL(1) (SUM OF COLS. 9-14) 15	
1 2 3	CAP REL COSTS-MVBLE EQUIP		39,190 7 85,692 24,882 8	74,718 97,874 72,592					913,908 1 283,566 2 1,197,474 3	2
	PART III - RECONCILIATION O	F CAPITAL COS	ST CENTERS							
			- COMPUTATIO	N OF RATIOS - GROSS		ALI	LOCATION OF	OTHER CAPIT	AL	
	DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER CAPITAL- RELATED	TOTAL (SUM OF COLS.	
		1	2	3	4	.5	6	Costs 7	5-7) 8	
1 2 3	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP TOTAL (SUM OF LINES 1-2)	2,151,643 2,091,925 4,243,568	3 5 3	2,151,643 2,091,925 4,243,568	0.492964		105,715 102,782 208,497		105,715 1 102,782 2 208,497 3	
					· SUMM	ARY OF CAPI	TAL			
	DESCRIPTION		DEPREC- IATION 9	LEASE	INTEREST (S	INSURANCE	TAXES (SEE	OTHER CAPITAL- RELATED	TOTAL(2) (SUM OF COLS.	
1 2 3	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP TOTAL		271,503 149,472 420,975	774,718 95,412 870,130		13,117	101,809 98,985 200,794		1,222,462 1 356,986 2 1,579,448 3	

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2012.11 05/17/2013 17:47 ADJUSTMENTS TO EXPENSES WORKSHEET A-8

	ADJUSTMENTS TO EXPENSES					WORKSH	EET A-8
				EXPENSE CLASSIFICATION ON FROM WHICH THE AMOUNT IS 1			\-7
	DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER	LINE NO.	REF	•
		1	2	3	4	5	
1	INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1		1
2	INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2		
3 4	INVESTMENT INCOME-OTHER (CHAPTER 2) TRADE, QUANTITY, AND TIME DISCOUNTS			CAP KEE COSIS-MVBLE EQUIP	2		2 3
5	(CHAPTER 8)						4
	REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)						5
6	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)						6
7	TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)						
8 9	TELEVISION AND RADIO SERVICE (CHAPTER 21) PARKING LOT (CHAPTER 21)						7 8
10	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					9
11	SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	A-8-2	-4,870				10
12	RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST					11
13	LAUNDRY AND LINEN SERVICE	A-8-1	-342,511				12
14 15	CAFETERIA - EMPLOYEES AND GUESTS						13 14
16	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS SALE OF MEDICAL AND SURGICAL SUPPLIES TO						15
17	OTHER THAN PATIENTS						16
18	SALE OF DRUGS TO OTHER THAN PATIENTS SALE OF MEDICAL RECORDS AND ABSTRACTS						17
19	NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)						18 19
20 21	VENDING MACHINES INCOME FROM IMPOSITION OF INTEREST.						20
22	FINANCE OR PENALTY CHARGES (CHAPTER 21) INTEREST EXP ON MEDICARE OVERPAYMENTS &						21
	BORROWINGS TO REPAY MEDICARE OVERPAYMENT						22
23	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65		23
24	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY			
25	UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)	A-0-3			66		24
26	DEPRECIATION BUILDINGS & FIXTURES			UTILIZATION REVIEW-SNF CAP REL COSTS-BLDG & FIXT	11 4 1		25 26
27 28	DEPRECIATION MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2		27
29	NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	19		28
30	ADJ FOR OCCUPATIONAL THERAPY COSTS IN	WKST					29
31	EXCESS OF LIMITATION (CHAPTER 14) ADJ FOR SPEECH PATHOLOGY COSTS IN	A-8-3 WKST		OCCUPATIONAL THERAPY	67		30
32	EXCESS OF LIMITATION (CHAPTER 14)	A-8-3		SPEECH PATHOLOGY	68		31
33	CAH HIT ADJ FOR DEPRECIATION AND						32
34 35							33 34
36							35
37	INTEREST	A	-6,514	INTEREST EXPENSE	113		36 37
37.03	DEPRECIATION INSURANCE	A A	-20,344		2	9	37.02
37.04	INSURANCE	A	-297,256 -27,824	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	4 5		37.03
37.05	PROPERTY TAX	A	-3,906	CAP REL COSTS-BLDG & FIXT	i	13	37.05
37.00	NON-ALLOWABLE EXPENSES ADDITIONARIES	A	-3,797	CAP REL COSTS-MVBLE EQUIP	2	13	37.06
37.08	NON-ALLOWABLE EXPENSES ADJUSTMENT	Α λ	-136,704	ADMINISTRATIVE & GENERAL	5		37.07
37.09	NON-ALLOWABLE EXPENSES ADJUSTMENT	A	-8,254	NURSING ADMINISTRATION	13		37.08
37.10	NON-ALLOWABLE EXPENSES ADJUSTMENT	A	-6	PHYSICAL THERAPY	66		37.10
37.12	PATIENT TELEPHONE	A	-28	OCCUPATIONAL THERAPY	67		37.11
37.13	PATIENT TELEPHONE	Α	-3,222 -26,278	ADMINISTRATIVE & CONTRACT	4		37.12
37.14	PATIENT TELEVISION	A	-9,540	CAP REL COSTS-MVBLE FOUTP	5	٥	37.13
37.15 37.16	PATIENT TELEVISION	A	-513	ADMINISTRATIVE & GENERAL	5	,	37.15
37.17	PRINTING	A	-18,834	ADMINISTRATIVE & GENERAL	5		37.16
37.19	LOBBYING EXPENSE	A A	-14 -103	OFERATION OF PLANT	7		37.17
37.20	LOBBYING EXPENSE	A	-18	ADULTS & PEDIATRICS	3.U T.2		37.19
37.21	LUBBYING EXPENSE	A	-83	PHYSICAL THERAPY	66		37.21
37.23	MISCELLANEOUS INCOME	A P	-15	ADMINISTRATIVE & GENERAL	5		37.22
37.24	MISCELLANEOUS INCOME	B	-1,247 -3.119	ADMINISTRATIVE CONFERM	1	11	37.23
37.25	MISCELLANEOUS INCOME	В	-23,036	DIETARY	10		37.24 37.25
37.40	INSURANCE PROPERTY TAX PROPERTY TAX NON-ALLOWABLE EXPENSES ADJUSTMENT PATIENT TELEPHONE PATIENT TELEPHONE PATIENT TELEPHONE PATIENT TELEVISION PRINTING LOBBYING EXPENSE LOBBYING EXPENSE LOBBYING EXPENSE LOBBYING EXPENSE LOBBYING EXPENSE LOBBYING EXPENSE MISCELLANEOUS INCOME MISCELLANEOUS INCOME MISCELLANEOUS INCOME PATIENT TRANSPORTATION	A	-6,336	CAP REL COSTS-MVBLE EQUIP	2	9	37.26

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ADJUSTMENTS TO EXPENSES

	ADDUSTMENTS TO EXPENSES					WORKSHEET A-8
				EXPENSE CLASSIFICATION ON W		
	DESCRIPTION	BASIS	AMOUNT	FROM WHICH THE AMOUNT IS TO		WKST A-7
		04313		COST CENTER	LINE NO.	REF
		+	2	.	4	5
37.27	PATIENT TRANSPORTATION	A	-8,196	EMPLOYEE BENEFITS	4	37.27
37.28	PATIENT TRANSPORTATION	A	-64,017	OPERATION OF PLANT	-	37.28
37.29	PATIENT TRANSPORTATION	λ	-24,844	ADULTS & PEDIATRICS	30	37.29
37.30	PROFESSIONAL FEES	A	-9,294	ADMINISTRATIVE & GENERAL	55	37.30
37.31	Interns & residents	A	-220	EMPLOYEE BENEFITS	, A	37.31
37.32	INTERNS & RESIDENTS	Ä	-1,528	ADMINISTRATIVE & GENERAL		
37.33	INTERNS & RESIDENTS	λ	-300	PHYSICAL THERAPY	66	37.32
37.34	INTERNS & RESIDENTS	 A	-232	OCCUPATIONAL THERAPY	67	37.33
37.35	WAYPORT WIRELESS	 A	818	PHYSICIANS' PRIVATE OFFICES	192	37.34
37.36	PATIENT INTERNET	Ä	-6,021	ADMINISTRATIVE & GENERAL	===	37.35
37.37	PHYSICIAN	Ä	501	ADMINISTRATIVE & GENERAL	5	37.36
38		•	301	ADMINISTRATIVE & GENERAL	5	37.37
39						38
40						39
41						40
42						41
43						42
44						43
45						44
46						45
47						46
48						47
49						48
50	TOTAL (SUM OF LINES 1 THRU 49)					49
30	TRANSFER TO WKST A, COL. 6, LINE 200)		-1,057,795			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

	LINE			AMOUNT OF ALLOWABLE	AMOUNT (INCL IN WKST A,	NET ADJ- USTMENTS	WKST A-7	
	NO. 1	COST CENTER	EXPENSE ITEMS 3 TO OFFSET MANAGEMENT FEES TO INCLUDE ALLOWABLE HOME OFFI	COST	COL. 5)	(COL. 4-5)	REF	
	1	2	3	4	5	6	7	
1	5	ADMINISTRATIVE & GENERAL CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT ADMINISTRATIVE & GENERAL ADMINISTRATIVE & GENERAL CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DISTARY NURSING ADMINISTRATION MEDICAL RECORDS & LIBRARY SOCIAL SERVICE ADULTS & PEDIATRICS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS	TO OFFSET MANAGEMENT FEES		1,630,862	-1,630,862		1
2	1	CAP REL COSTS-BLDG & FIXT	TO INCLUDE ALLOWABLE HOME OFFI	132,313	2,020,002	132,313	9	2
3	1	CAP REL COSTS-BLDG & FIXT	TO INCLUDE ALLOWABLE HOME OFFI	62.187		62,187	11	
3.01	5	ADMINISTRATIVE & GENERAL	TO INCLUDE ALLOWABLE HOME OFFI	1.295.031		1,295,031		4.01
3.02	5	ADMINISTRATIVE & GENERAL	TO INCLUDE ALLOWABLE HOME OFFI	167,982		167.982		4.02
3.03	2	CAP REL COSTS-MVBLE EQUIP	INTERCOMPANY WAGE AND EXPENSE	11,136	11.136		10	4.03
3.04	4	EMPLOYEE BENEFITS	INTERCOMPANY WAGE AND EXPENSE	1,367,476	11,136 1,367,476 1,892,482 19,899 -6 2,231 -1,701 2,260 368 591 3,726 73 7,843 56 2,839 -3,446 514,383 805 6,036 3,393 37,961			4.04
3.05	5	ADMINISTRATIVE & GENERAL	INTERCOMPANY WAGE AND EXPENSE	1,892,482	1.892.482			4.05
3.06	7	OPERATION OF PLANT	INTERCOMPANY WAGE AND EXPENSE	19,899	19.899			4.06
3.07	8	LAUNDRY & LINEN SERVICE	INTERCOMPANY WAGE AND EXPENSE	-6	-6			4.07
3.08	9	HOUSEKEEPING	INTERCOMPANY WAGE AND EXPENSE	2,231	2,231			4.08
3.09	10	DIETARY	INTERCOMPANY WAGE AND EXPENSE	-1,701	-1,701			4.09
3.10	13	NURSING ADMINISTRATION	INTERCOMPANY WAGE AND EXPENSE	2,260	2,260			4.10
3.11	16	MEDICAL RECORDS & LIBRARY	INTERCOMPANY WAGE AND EXPENSE	368	368			4.11
3.12	17	SOCIAL SERVICE	INTERCOMPANY WAGE AND EXPENSE	591	591			4.12
3.13	30	ADULTS & PEDIATRICS	INTERCOMPANY WAGE AND EXPENSE	3,726	3,726			4.13
3.14	65	RESPIRATORY THERAPY	INTERCOMPANY WAGE AND EXPENSE	73	73			4.14
3.15	66	PHYSICAL THERAPY	INTERCOMPANY WAGE AND EXPENSE	7,843	7,843			4.15
3.16	67	OCCUPATIONAL THERAPY	INTERCOMPANY WAGE AND EXPENSE	56	56			4.16
3.17	68	SPEECH PATHOLOGY	INTERCOMPANY WAGE AND EXPENSE	2,839	2,839			4.17
3.18	71	MEDICAL SUPPLIES CHRGED TO PATI	INTERCOMPANY WAGE AND EXPENSE	-3,446	-3,446			4.18
3.19	73	DRUGS CHARGED TO PATIENTS	INTERCOMPANY WAGE AND EXPENSE	514,383	514,383			4.19
3.20	76	PSYCHOLOGY	INTERCOMPANY WAGE AND EXPENSE	805	805			4.20
3.21	113	INTEREST EXPENSE	INTERCOMPANY WAGE AND EXPENSE	6,036	6,036			4.21
3.22	2	CAP REL COSTS-MVBLE EQUIP	RELATED PARTY - DEACONESS	931	3,393	-2,462 -27,542	10	4.22
3.23	4	EMPLOYEE BENEFITS	RELATED PARTY - DEACONESS	10,419	37,961	-27,542		4.23
3.24	5	ADMINISTRATIVE & GENERAL	RELATED PARTY - DEACONESS	7,096	28,530	-21,434		4.24
3.25	10	DIETARY	RELATED PARTY - DEACONESS	2	9	-7		4.25
3.26	13	NURSING ADMINISTRATION	RELATED PARTY - DEACONESS	7,096 2 32 143	116	-84		4.26
3.27	30	ADULTS & PEDIATRICS	RELATED PARTY - DEACONESS	143	205	-62		4.27
3.28	54	RADIOLOGY-DIAGNOSTIC	RELATED PARTY - DEACONESS	30,512	142,619	-112,107		4.28
3.29	54.01	RADIOLOGY-SUA	RELATED PARTY - DEACONESS	85	396	-311		4.29
3.30	60	LABORATORY	RELATED PARTY - DEACONESS	119,630	292,155	-172,525		4.30
3.32	65	RESPIRATORY THERAPY	RELATED PARTY - DEACONESS	12,341	39,938	-27,597		4.31
3.32	71	PHISICAL THERAPY	RELATED PARTY - DEACONESS	122	522	-400		4.32
3.34	73	MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS PSYCHOLOGY INTEREST EXPENSE CAP REL COSTS-MUBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL DIETARY NURSING ADMINISTRATION ADULTS & PEDIATRICS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS PSYCHOLOGY	RELATED PARTY - DEACONESS	50	180	-130 -4,501		4.33
3.35	75	DAUGS CHARGED TO PATTENTS	RELATED PARTY - DEACONESS RELATED PARTY - DEACONESS	1,504	6,005	-4,501		4.34
4	70	FSICHOLOGI	KELATED PARTY - DEACONESS	2,925	2,925			4.35
5		TOTALS (SUM OF LINES 1-4) TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.		5,670,356	6,012,867	-342,511		4 5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814 (b) (1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	MBOL 1) 1	NAME 2	PERCENT OF OWNERSHIP 3	NAME	PER	AND/OR CENT OF RSHIP 5	TYPE OF BUSINESS 6	
7	B B G	HEALTHSOUTH CORPORATION		HEALTHSOUTH C DEACONESS	CORPORATION	HEAD	LTHCARE LTHCARE LTHCARE	6 7 8 9 10

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

 A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.

 B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.

 D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.

 P. INDIVIDUAL IS DIRECTOR OFFICER ADMINISTRATOR OF REV. PERSON OF PROVIDER AND RELATED ORGANIZATION.

 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.

 F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY: FINANCIAL

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA- TION INCL FRINGES 3	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD- JUSTED RCE LIMIT 8	5 PERCENT OF UNAD- JUSTED RCE LIMIT 9	
1 2 200	30 76	ADULTS & PEDIATRICS PSYCHOLOGY TOTAL	aggregate aggregate	10,391 105 10,496		10,391 105 10,496	171,400 142,500	67 2 69	5,521 137 5,658	276 7 283 2	1 2 00

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18	
 30 76	ADULTS & PEDIATRICS PSYCHOLOGY TOTAL	AGGREGATE AGGREGATE					5,521 137 5,658	4,870 4,870	4,870 4,870 20	1 2 00

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7)	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (COLS.0-4)	
		0	1	2	4	4A	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT	1,222,462	1,222,462				1
2				356,986			2
4	EMPLOYEE BENEFITS	356,986 1,732,362 3,649,851	4,015 120,210	1,172	1,737,549		4
5	ADMINISTRATIVE & GENERAL	3,649,851	120,210	35,104	273,688	4,078,853	5
6	MAINTENANCE & REPAIRS	0,010,001	,	,			6
7	OPERATION OF PLANT	696,374	24,291	7,093	39,056	766,814	7
8	LAUNDRY & LINEN SERVICE	40,638	13,607	3,973		62,782	8
9	HOUSEKEEPING	284,920	9,894	2,889		336,345	9
10	DIETARY	605,872	86,848	25,362	48,316	766,398	10
11	CAFETERIA			***			11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	274,889	10,281	3,002	45,439	333,611	13
14	CENTRAL SERVICES & SUPPLY				,		14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	217,961	9,239	2,698	21,446	251,344	16
17	SOCIAL SERVICE	517,822	10,079	2,943	86,625	617,469	17
19	NONPHYSICIAN ANESTHETISTS		,				19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	3,579,214	504,192	147,238	582,706	4,813,350	30
	ANCILLARY SERVICE COST CENTERS						
54	RADIOLOGY-DIAGNOSTIC	368,450	10,818	3,159		382,427	54
54.01	RADIOLOGY-SUA	85				85	54.01
60	LABORATORY	119,630	907	265		120,802	60
	BLOOD CLOTTING FOR HEMOPHILIACS				34,332 204,127 177,669 93,446		62.30
65	RESPIRATORY THERAPY	257,695	2,587	755 45,572 23,306 11,018 6,132	34,332	295,369	65
6 6	PHYSICAL THERAPY	1,234,438	156,058	45,572	204,127	1,640,195	6 6
67	OCCUPATIONAL THERAPY	1,055,832	79,810	23,306	177,669	1,336,617	67
68	SPEECH PATHOLOGY	558,022	37,729	11,018	93,446	700,215	68
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	229,923	20,998 6,719	6,132	. 9,3//	266,430	71
73	DRUGS CHARGED TO PATIENTS	952,010	0,/19	1,302	0/,401	1,028,092	73
76	PSYCHOLOGY	52,463	4,166	1,217	8,375	66,221	76
	SPECIAL PROCEDURES	8,265				8,265	76.01
	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
92	OUTPATIENT SERVICE COST CENTERS						92
94	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
113		18 016 164	1 112 449	324,860	1 775 200	17 971 604	113
	NONREIMBURSABLE COST CENTERS	10,010,104	1,114,448	324,000	1,733,209	11,011,004	110
192	PHYSICIANS' PRIVATE OFFICES	853	109,896	32 002		142,841	192
193	NONPAID WORKERS	000	109,896	32,092 34		142,841	192
194	NRCC MARKETING	14,470	110	34	2,340		193
	GUEST MEALS	19,970			2,340	10,010	194.01
	CROSS FOOT ADJUSTMENTS						200
	NEGATIVE COST CENTER						201
	TOTAL (SUM OF LINES 118-201)	18.031.487	1,222,462	356,986	1.737.549	18.031.487	202
- 	(0	10,032,407	1,222,472	330,300	21.2.1242	10,031,401	

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING	DIETARY	
		3	,		,	10	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL	4,078,853					5
6	MAINTENANCE & REPAIRS	4,076,633					6
7	OPERATION OF PLANT	224,168	990,982				9
8	LAUNDRY & LINEN SERVICE	18,354	12,556	93,692			<u>′</u>
ğ	HOUSEKEEPING	98,326	9,130	93,692	443,801		8
10	DIETARY	224,046				1 107 075	9
11	CAFETERIA	224,040	80,139		36,692	1,107,275	10
12	MAINTENANCE OF PERSONNEL					150,799	11
13	NURSING ADMINISTRATION	97.527	0.406		4 343		12
14	CENTRAL SERVICES & SUPPLY	91,541	9,486		4,343		13
15	PHARMACY						14
16	MEDICAL RECORDS & LIBRARY	73,477	0 505		2 000		15
17	SOCIAL SERVICE	180,509	8,525 9,300		3,903		16
19	NONPHYSICIAN ANESTHETISTS	180,509	9,300		4,258		17
20	NURSING SCHOOL						19
21	I&R SRVCES-SALARY & FRINGES APPRVD						20
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						21
23	PARAMED ED PRGM-(SPECIFY)						22
23	INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS	1,407,127	465,243	93,692	213,016	006 507	20
50	ANCILLARY SERVICE COST CENTERS	1,407,127	403,243	93,094	213,016	896,527	30
54	RADIOLOGY-DIAGNOSTIC	111,798	9,983		4,571		- 4
	RADIOLOGY-SUA	111,730	3,303		4,3/1		54 54.01
60	LABORATORY	35,315	837		383		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	33,313	037		363		62.30
65	RESPIRATORY THERAPY	86,347	2,387		1,093		65
6 6	PHYSICAL THERAPY	479.490	144,002		65,933		66
67	OCCUPATIONAL THERAPY	390,743	73,644		33,719		67
68	SPEECH PATHOLOGY	204,699	34,815		15,940		68
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	77,887	19,376		8,871		71
73	DRUGS CHARGED TO PATIENTS	300,549	6,200		2,839		73
76	PSYCHOLOGY	19,359	3,844		1,760		76
76.01	SPECIAL PROCEDURES	2,416	3,044		1,700		76.01
76.97	CARDIAC REHABILITATION	_,					76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						70.55
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
118	SUBTOTALS (SUM OF LINES 1-117)	4,032,137	889.467	93,692	397,321	1,047,326	118
	NONREIMBURSABLE COST CENTERS	, ,		,		2,007,550	
192	PHYSICIANS' PRIVATE OFFICES	41,758	101,406		46.430		192
193	NONPAID WORKERS	44	109		50		193
194	NRCC MARKETING	4,914					194
	GUEST MEALS					59,949	194.01
200	CROSS FOOT ADJUSTMENTS					,	200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,078,853	990,982	93,692	443,801	1,107,275	202
				-	,	-,,-,5	

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
1 2 4 5 6 7 8 9 10 11 12 13	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOVEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	150,799 5,139	450,106				1 2 4 5 6 7 8 9 10 11 12
14 15 16 17 19 20 21 22 23	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SRVCES-SALARY & FRINGES APPRVD I&R SRVCES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	2,426 9,798		339,675	821,334		14 15 16 17 19 20 21 22 23
30 54 54 01	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA	65,905	450,106	112,014 6,415	821,334	515,194	30 54 54 01
60 62.30	LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS			7,388		85 16 4 ,725	54.01 60 62.30
76.9 7 76.98	RESPIRATORY THERAPY PHYSICAL THERAPY COCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATIENTS DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS	3,883 23,088 20,095 10,569 1,061 7,623 947		23,644 66,116 62,549 25,690 6,473 24,277 4,544 565		412,723 2,418,824 1,917,367 991,928 380,098 1,369,580 96,675 11,246	65 66 67 68 71 73 76 76.01 76.97 76.98 76.99
92 113	OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS INTEREST EXPENSE	•					92
118	INTEREST EXPENSE SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS	150,534	450,106	339,675	821,334	332,435	113 118 192
194 194.01 200	NORCE MARKETING GUEST MEALS COURSE FOOT ADJUSTMENTS NEGATIVE COST CENTER	265				355 21,989 59,949	193 194 194.01 200
	TOTAL (SUM OF LINES 118-201)	150,799	450,106	339,675	821,334	18,031,487	201 202

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COST ALLOCATION - GENERAL SERVICE COSTS

					PART	1
	COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26			
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					
2	CAP REL COSTS-MUBLE EQUIP					1
4	EMPLOYEE BENEFITS					2
5	ADMINISTRATIVE & GENERAL					4
6	MAINTENANCE & REPAIRS					5
7	OPERATION OF PLANT					6
8	LAUNDRY & LINEN SERVICE					7
9	HOUSEKEEPING					8
10	DIETARY					9
11	CAFETERIA					10
12	MAINTENANCE OF PERSONNEL					11
13	NURSING ADMINISTRATION					12
14	CENTRAL SERVICES & SUPPLY					13
15	PHARMACY					14
16	MEDICAL RECORDS & LIBRARY					15
17	SOCIAL SERVICE					16
19	NONPHYSICIAN ANESTHETISTS					17
20	NURSING SCHOOL					19
21	I&R SRVCES-SALARY & FRINGES APPRVD					20
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					21
23	PARAMED ED PRGM-(SPECIFY)					22 23
	INPATIENT ROUTINE SERV COST CENTERS					23
30	ADULTS & PEDIATRICS		9,338,314			30
- 4	ANCILLARY SERVICE COST CENTERS					30
54	RADIOLOGY-DIAGNOSTIC		515,194			54
	RADIOLOGY-SUA		85			54.01
60	LABORATORY		164,725			60
65	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
66	RESPIRATORY THERAPY		412,723			65
	PHYSICAL THERAPY OCCUPATIONAL THERAPY		2,418,824			66
	SPEECH PATHOLOGY		1,917,367			67
	MEDICAL SUPPLIES CHRGED TO PATIENTS		991,928			68
73	DRUGS CHARGED TO PATIENTS		380,098			71
76	PSYCHOLOGY		1,369,580			73
76.01	SPECIAL PROCEDURES		96,675			76
	CARDIAC REHABILITATION		11,246			76.01
76.98	HYPERBARIC OXYGEN THERAPY					76.9 7
76.99	LITHOTRIPSY					76.98
	OUTPATIENT SERVICE COST CENTERS					76.99
92	OBSERVATION BEDS					
	OTHER REIMBURSABLE COST CENTERS					92
	SPECIAL PURPOSE COST CENTERS					
113	INTEREST EXPENSE					
118	SUBTOTALS (SUM OF LINES 1-117)		17,616,759	•		113 .
100	NONREIMBURSABLE COST CENTERS					118
192 193	PHYSICIANS' PRIVATE OFFICES		332,435			192
193	NONPAID WORKERS		355			192
	NRCC MARKETING GUEST MEALS		21,989			193
	CROSS FOOT ADJUSTMENTS		59,949			194.01
	NEGATIVE COST CENTER					200
	FOTAL (SUM OF LINES 118-201)					201
	(30M OF BINES 118-201)		18,031,487			202

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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVABLE EQUIPMENT	SUBTOTAL	EMPLOYEE BENEFITS	
		0	1	2	2A	4	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS		4,015	1,172	5,187	5,187	4
5	ADMINISTRATIVE & GENERAL		120,210	35,104	155,314	816	5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT		24,291	7,093	31,384	116	7
8 9	LAUNDRY & LINEN SERVICE		13,607	3,973	17,580	14	8
10	HOUSEKEEPING DIETARY		9,894	2,889	12,783	115	9
11	CAFETERIA		86,848	25,362	112,210	144	10
12	MAINTENANCE OF PERSONNEL						11
13	NURSING ADMINISTRATION		10,281	3,002	13,283	126	12
14	CENTRAL SERVICES & SUPPLY		10,201	3,002	13,283	136	13 14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY		9,239	2,698	11,937	64	16
17	SOCIAL SERVICE		10,079	2,943	13,022	258	17
19	NONPHYSICIAN ANESTHETISTS				,	250	19
20	NURSING SCHOOL						20
21 22	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
43	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS		504 100				
	ANCILLARY SERVICE COST CENTERS		504,192	147,238	651,430	1,743	30
54	RADIOLOGY-DIAGNOSTIC		10,818	3,159	12 077		- 4
54.01	RADIOLOGY-SUA		10,010	3,139	13,977		54 54.01
60	LABORATORY		907	265	1,172		60
	BLOOD CLOTTING FOR HEMOPHILIACS		• • • •		-,		62.30
65	RESPIRATORY THERAPY		2,587	755	3,342	102	65
66	PHYSICAL THERAPY		156,058	45,572	201,630	609	66
67	OCCUPATIONAL THERAPY		79,810	23,306	103,116	530	67
68 71	SPEECH PATHOLOGY		37,729	11,018	48,747	279	68
73	MEDICAL SUPPLIES CHRGED TO PATIENTS		20,998	6,132	27,130	28	71
76	DRUGS CHARGED TO PATIENTS PSYCHOLOGY		6,719	1,962	8,681	201	73
	SPECIAL PROCEDURES		4,166	1,217	5,383	25	76
	CARDIAC REHABILITATION						76.01
	HYPERBARIC OXYGEN THERAPY						76.97
	LITHOTRIPSY						76.98 76.99
	OUTPATIENT SERVICE COST CENTERS						76.99
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						72
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
118	SUBTOTALS (SUM OF LINES 1-117)		1,112,448	324,860	1,437,308	5,180	118
192	NONREIMBURSABLE COST CENTERS PHYSICIANS' PRIVATE OFFICES						
193	NONPAID WORKERS		109,896	32,092	141,988		192
194	NRCC MARKETING		118	34	152		193
	GUEST MEALS					7	194
	ROSS FOOT ADJUSTMENTS						194.01
201 N	JEGATIVE COST CENTER						200 201
202	COTAL (SUM OF LINES 118-201)		1,222,462	356,986	1,579,448	5,187	201
				550,555	~! ~! ~! ##0	3,101	202

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ALLOCATION OF CAPITAL-RELATED COSTS

	•					FAN	
	COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	House- Keeping 9	DIETARY 10	
•	GENERAL SERVICE COST CENTERS						
2	CAP REL COSTS-BLDG & FIXT						1
4	CAP REL COSTS-MVBLE EQUIP						2
5	EMPLOYEE BENEFITS						4
6		156,130					5
7	MAINTENANCE & REPAIRS OPERATION OF PLANT						6
, 8	LAUNDRY & LINEN SERVICE	8,581	40,081				7
9	HOUSEKEEPING	703	508	18,805			8
10	DIETARY	3,764	369		17,031		9
11	CAFETERIA	8,576	3,241		1,408	125,579	
12	MAINTENANCE OF PERSONNEL					17,103	11
13	NURSING ADMINISTRATION	3,733	384		167		12
14	CENTRAL SERVICES & SUPPLY	3,733	304		167		13 14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	2,813	345		150		16
17	SOCIAL SERVICE	6,909	376		163		17
19	NONPHYSICIAN ANESTHETISTS	-,	3,0		103		19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	53,863	18,817	18,805	8,174	101,677	30
	ANCILLARY SERVICE COST CENTERS						
54	RADIOLOGY-DIAGNOSTIC	4,279	404		175		54
	RADIOLOGY-SUA						54.01
60	LABORATORY	1,352	34		15		60
	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
	RESPIRATORY THERAPY PHYSICAL THERAPY	3,305	97		42		65
	OCCUPATIONAL THERAPY	18,354	5,824		2,530		6 6
	SPEECH PATHOLOGY	14,957	2,979		1,294		67
	MEDICAL SUPPLIES CHRGED TO PATIENTS	7,835	1,408		612		68
	DRUGS CHARGED TO PATIENTS	2,981 11,504	78 4 251		340		71
76	PSYCHOLOGY	741	251 155		109		73
76.01	SPECIAL PROCEDURES	92	133		68		76
	CARDIAC REHABILITATION	32					76.01
	HYPERBARIC OXYGEN THERAPY						76.97 76.98
76.9 9	LITHOTRIPSY						76.98
	OUTPATIENT SERVICE COST CENTERS						70.33
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						72
	SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						113
	SUBTOTALS (SUM OF LINES 1-117)	154,342	35,976	18,805	15,247	118.780	118
	NONREIMBURSABLE COST CENTERS					,	
	PHYSICIANS' PRIVATE OFFICES	1,598	4,101		1,782		192
193	NONPAID WORKERS	2	4		2		193
	NRCC MARKETING GUEST MEALS	188					194
	CROSS FOOT ADJUSTMENTS					6,799	194.01
	ROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER						200
		156,130	40.000	40.00-			201
	(0. DIMBU IIU-201)	130,130	40,081	18,805	17,031	125,579	202

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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						
2	CAP REL COSTS-MVBLE EQUIP						1
4	EMPLOYEE BENEFITS						2 .
5	ADMINISTRATIVE & GENERAL						4
6	MAINTENANCE & REPAIRS						5
7	OPERATION OF PLANT						6
8	LAUNDRY & LINEN SERVICE						7 8
9	HOUSEKEEPING						9
10	DIETARY						10
11	CAFETERIA	17,103					11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	583	18,286				13
14	CENTRAL SERVICES & SUPPLY		,				14
15	PHARMACY						15
16	MEDICAL RECORDS & LIBRARY	275		15,584			16
17	SOCIAL SERVICE	1,111			21,839		17
19	NONPHYSICIAN ANESTHETISTS				·		19
20	NURSING SCHOOL						20
21 22	I&R SRVCES-SALARY & FRINGES APPRVD						21
23	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
43	PARAMED ED PRGM-(SPECIFY)						23
30	INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS	7,474	18,286	5,141	21,839	907,249	30
54	RADIOLOGY-DIAGNOSTIC						
	RADIOLOGY-SUA			294		19,129	54
60	LABORATORY						54.01
	BLOOD CLOTTING FOR HEMOPHILIACS			339		2,912	60
65	RESPIRATORY THERAPY	440		1,085			62.30
66	PHYSICAL THERAPY	2,619		3,033		8,413	65
67	OCCUPATIONAL THERAPY	2,280		2,869		234,599	66
68	SPEECH PATHOLOGY	1,199		1,178		128,025 61,258	67 68
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	120		297			71
73	DRUGS CHARGED TO PATIENTS	865		1,114		31,680 22,725	73
76	PSYCHOLOGY	107		208		6.687	76
	SPECIAL PROCEDURES			26		118	76.01
76.97	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
/6.99	LITHOTRIPSY						76.99
92	OUTPATIENT SERVICE COST CENTERS						
32	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE						
118		17 072					113
	NONREIMBURSABLE COST CENTERS	17,073	18,286	15,58 4	21,839	1,422,795	118
192	PHYSICIANS' PRIVATE OFFICES						
193	NONPAID WORKERS					149,469	192
194	NRCC MARKETING	30				160	193
	GUEST MEALS	30				225	194
200	CROSS FOOT ADJUSTMENTS					6,799	194.01
201	NEGATIVE COST CENTER						200 201
202	TOTAL (SUM OF LINES 118-201)	17,103	18,286	15,584	21.839	1 579 449	201
		• =		,	22,033	4,313,440	202

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ALLOCATION OF CAPITAL-RELATED COSTS

	COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26			
	GENERAL SERVICE COST CENTERS					
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
5	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL					4
6	MAINTENANCE & REPAIRS					5
7	OPERATION OF PLANT					6
8	LAUNDRY & LINEN SERVICE					7
9	HOUSEKEEPING					8
10	DIETARY					,
11	CAFETERIA					10 11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15 16	PHARMACY					15
17	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE					16
19	NONPHYSICIAN ANESTHETISTS					17
20	NURSING SCHOOL					19
21	I&R SRVCES-SALARY & FRINGES APPRVD					20
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					21
23	PARAMED ED PRGM-(SPECIFY)					22
	INPATIENT ROUTINE SERV COST CENTERS					23
30	ADULTS & PEDIATRICS		907,249			30
	ANCILLARY SERVICE COST CENTERS					30
54	RADIOLOGY-DIAGNOSTIC		19,129			54
60	RADIOLOGY-SUA					54.01
	LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS		2,912			60
65	RESPIRATORY THERAPY					62.30
	PHYSICAL THERAPY		8,413			65
	OCCUPATIONAL THERAPY		234,599 128,025			66
	SPEECH PATHOLOGY		61.258			67
71	MEDICAL SUPPLIES CHRGED TO PATIENTS		31,680			6 8 71
73	DRUGS CHARGED TO PATIENTS		22,725			73
76	PSYCHOLOGY		6,687			75 76
	SPECIAL PROCEDURES		118			76.01
	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY					76.97
	LITHOTRIPSY					76.98
,0.55	OUTPATIENT SERVICE COST CENTERS					76.99
92	OBSERVATION BEDS					
	OTHER REIMBURSABLE COST CENTERS					92
	SPECIAL PURPOSE COST CENTERS					
	INTEREST EXPENSE					445
118	SUBTOTALS (SUM OF LINES 1-117)		1,422,795			113
	NONREIMBURSABLE COST CENTERS		,			118
	PHYSICIANS' PRIVATE OFFICES		149,469			192
	NONPAID WORKERS		160			193
	NRCC MARKETING GUEST MEALS		225			194
	CROSS FOOT ADJUSTMENTS		6,799			194.01
	EGATIVE COST CENTER					200
	OTAL (SUM OF LINES 118-201)		1 570 440			201
			1,579,448			202

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COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	Cap Bldgs & Fixtures Square Feet	Cap Movable Equipment Square Feet	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
		1	2	4	5A	5	
	CENERAL CERUTAR COOR COMPANY					•	
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT						
2	CAP REL COSTS-MVBLE EQUIP	72,772					1
4	EMPLOYEE BENEFITS		72,772				2
5	ADMINISTRATIVE & GENERAL	239 7,156	239	10,221,789			4
6	MAINTENANCE & REPAIRS	7,156	7,156	1,610,074	-4,078,853	13,952,549	5
ž	OPERATION OF PLANT	1 446					6
8	LAUNDRY & LINEN SERVICE	1, 446 810	1,446	229,763		766,814	7
ģ	HOUSEKEEPING	589	810	26,848		62,782	8
10	DIETARY	5,170	589	227,328		336,345	9
11	CAFETERIA	3,170	5,170	284,238		766,398	10
12	MAINTENANCE OF PERSONNEL						11.
13	NURSING ADMINISTRATION	612	612	267 212			12
14	CENTRAL SERVICES & SUPPLY	. 012	012	267,312		333,611	13
15	PHARMACY						14
16	MEDICAL RECORDS & LIBRARY	550	550	126,167			15
17	SOCIAL SERVICE	600	600	509,605		251,344	16
19	NONPHYSICIAN ANESTHETISTS		000	309,603		617,469	17
20	NURSING SCHOOL						19
21	I&R SRVCES-SALARY & FRINGES APPRVD						20
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						21 22
23	PARAMED ED PRGM-(SPECIFY)						22
30	INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS	30,014	30,014	3,427,981		4,813,350	30
54	ANCILLARY SERVICE COST CENTERS					4,013,330	30
	RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA	644	644			382,427	54
60	LABORATORY				-85		54.01
	BLOOD CLOTTING FOR HEMOPHILIACS	54	54			120,802	60
65	RESPIRATORY THERAPY						62.30
66	PHYSICAL THERAPY	154	154	201,971		295,369	65
67	OCCUPATIONAL THERAPY	9,290	9,290	1,200,852		1,640,195	6 6
68	SPEECH PATHOLOGY	4,751 2,246	4,751	1,045,206		1,336,617	67
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,250	2,246	549,732		700,215	68
73	DRUGS CHARGED TO PATIENTS	400		55,162 396,513		266,430	71
76	PSYCHOLOGY	248	400 248	396,513		1,028,092	73
76.01	SPECIAL PROCEDURES	440	240	49,271		66,221	76
76.97	CARDIAC REHABILITATION					8,265	76.01
76.98	HYPERBARIC OXYGEN THERAPY						76.97
76.99	LITHOTRIPSY						76.98
00	OUTPATIENT SERVICE COST CENTERS						76.99
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						92
118	SPECIAL PURPOSE COST CENTERS						
	SUBTOTALS (SUM OF LINES 1-117)	66,223	66,223	10,208,023	-4.078.938	13 792 746	118
192	NONREIMBURSABLE COST CENTERS				1,0.0,130	13,732,740	110
	PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS	6,542	6,542			142,841	192
	NRCC MARKETING	7	7			152	193
	GUEST MEALS			13,766		16,810	194
	CROSS FOOT ADJUSTMENTS					,	194.01
	NEGATIVE COST CENTER						200
	COST TO BE ALLOC PER B PT I	1 222 462	256 226				201
203	UNIT COST MULT-WS B PT I	1,222,462 16.798521	356,986	1,737,549		4,078,853	202
204	COST TO BE ALLOC PER B PT II	10.730321	4.905541	0.169985		0.292337	203
205	UNIT COST MULT-WS B PT II			5,187		156,130	204
	· -			0.000507		0.011190	205

 KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY + LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		SQUARE FEET 7	PATIENT DAYS 8	Square Feet 9	MEALS SERVED 10	GROSS SALARIES 11	
	GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT						_
2	CAP REL COSTS-MVBLE EQUIP	•					1 2
4 5	EMPLOYEE BENEFITS						4
6	ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS						5
7	OPERATION OF PLANT	63.931					6
8	LAUNDRY & LINEN SERVICE	63,931 810	22 200				7
9	HOUSEKEEPING	589	23,200	62,532			8
10	DIETARY	5,170		5,170	95 961		9
11	CAFETERIA	-,		3,1,0	11.707	7,843,538	10 11
12 13	MAINTENANCE OF PERSONNEL				11,707	7,043,336	12
14	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	612		612		267,312	
15	PHARMACY						14
16	MEDICAL RECORDS & LIBRARY	550					15
. 17	SOCIAL SERVICE	600		550 600		126,167	16
19	NONPHYSICIAN ANESTHETISTS	•••		800		509,605	17 19
20 21	NURSING SCHOOL						20
22	I&R SRVCES-SALARY & FRINGES APPRVD I&R SRVCES-OTHER PRGM COSTS APPRVD						21
23	PARAMED ED PRGM-(SPECIFY)						22
	INPATIENT ROUTINE SERV COST CENTERS						23
30	ADULTS & PEDIATRICS	30,014	23 200	30,014	60 600	2 400 004	
- 4	ANCILLARY SERVICE COST CENTERS		23,200	30,014	69,600	3,427,981	30
54	RADIOLOGY-DIAGNOSTIC	644		644			54
60	RADIOLOGY-SUA LABORATORY						54.01
	BLOOD CLOTTING FOR HEMOPHILIACS	54		54			60
65	RESPIRATORY THERAPY	154		164			62.30
66	PHYSICAL THERAPY	9,290		15 4 9,290		201,971	65
67	OCCUPATIONAL THERAPY	4,751		4,751		1,200,852 1,045,206	66
68 71	SPEECH PATHOLOGY	2,246		2.246		549,732	67 68
73	MEDICAL SUPPLIES CHRGED TO PATIENTS DRUGS CHARGED TO PATIENTS	1,250		1,250		55,162	71
76	PSYCHOLOGY	400		400		396,513	73
76.01	SPECIAL PROCEDURES	248		248		49,271	76
76.97	CARDIAC REHABILITATION						76.01
76.98	HYPERBARIC OXYGEN THERAPY						76.97
/6.99	LITHOTRIPSY						76.98 76.99
92	OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS						70.33
	OTHER REIMBURSABLE COST CENTERS						92
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	57,382	23,200	55 002	01 207		
100	NONREIMBURSABLE COST CENTERS		23,200	33,363	81,307	7,829,772	118
192 193	PHYSICIANS' PRIVATE OFFICES	6,542		6,542			192
194	NONPAID WORKERS NRCC MARKETING	7		7			192
	GUEST MEALS					13,766	
200	CROSS FOOT ADJUSTMENTS				4,654		194.01
201	NEGATIVE COST CENTER						200
202	COST TO BE ALLOC PER B PT I	990,982	93,692	443,801	1,107,275	150 700	201
203 204	UNIT COST MULT-WS B PT I	15.500806	4.038448	7.097182	12.881132	150,799 0.019226	202 203
205	COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II	40,081	18,805	17,031	125,579	17,103	204
	cop: Mont-40 B Lt II	0.626942	0.810560	0.272357	1.460883	0.002181	205

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COST ALLOCATION - STATISTICAL BASIS

					WORKSHEET	, B-I
	COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION PATIENT DAYS 13	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE PATIENT DAYS 17		
1 2 4 5 6 7 8 9 10 11 12	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA MAINTENANCE OF PERSONNEL NURSING ADMINISTRATION	23,200				1 2 4 5 6 7 8 9 10 11 12 13
14 15 16 17 19 20 21 22 23	CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE NONPHYSICIAN ANESTHETISTS NURSING SCHOOL I&R SRVCES-SALARY & FRINGES APPRVD I&R SRVCES-OTHER PRGM COSTS APPRVD PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS		55,253,630	23,200		14 15 16 17 19 20 21 22 23
60 62.30 65 66 67 68 71 73 76 76.01 76.97 76.98 76.99	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATIENTS DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS	23,200	18,223,343 1,043,454 1,201,691 3,845,850 10,754,024 10,173,950 4,178,649 1,052,883 3,948,705 739,128 91,953	23,200		30 54 54.01 60 62.30 65 66 67 68 71 76 76.01 76.97 76.98 76.99
118 192 193 194 194.01 200 201	OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS NRCC MARKETING GUEST MEALS CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	23,200	55,253,630	23,200	11 19 19 19 19 20	93 94 94.01
203	COST TO BE ALLOC PER B PT I UNIT COST MULT-WS B PT I COST TO BE ALLOC PER B PT II UNIT COST MULT-WS B PT II	450,106 19.401121 18,286 0.788190	339,675 0.006148 15,584 0.000282	821,334 35.402328 21,839 0.941336	20 20 20 20 20	02 03 04

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26)	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
. 30	ADULTS & PEDIATRICS	9,338,314		9,338,314	4.870	9,343,184	30
	ANCILLARY SERVICE COST CENTERS			************	4,0,0	3,343,104	30
54	RADIOLOGY-DIAGNOSTIC	515,194		515,194		515,194	54
	RADIOLOGY-SUA	85		85		85	54.01
60	LABORATORY	164,725		164,725		164,725	60
62.30	BLOOD CLOTTING FOR HEMOPHIL					104,723	62.30
65	RESPIRATORY THERAPY	412,723		412,723		412,723	65
66	PHYSICAL THERAPY	2,418,824		2,418,824		2,418,824	66
67	OCCUPATIONAL THERAPY	1,917,367		1,917,367		1,917,367	67
68	SPEECH PATHOLOGY	991,928		991,928		991,928	68
71	MEDICAL SUPPLIES CHRGED TO	380,098		380,098		380,098	71
73	DRUGS CHARGED TO PATIENTS	1,369,580		1,369,580		1,369,580	73
76	PSYCHOLOGY	96,675		96,675		96,675	76
	SPECIAL PROCEDURES	11,246		11,246		11,246	76.01
	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
/6.99	LITHOTRIPSY						76.99
92	OUTPATIENT SERVICE COST CENTERS						
92	OBSERVATION BEDS						92
113	OTHER REIMBURSABLE COST CENTERS INTEREST EXPENSE						
200							113
201	SUBTOTAL (SEE INSTRUCTIONS) LESS OBSERVATION BEDS	17,616,759		17,616,759	4,870	17,621,629	200
202	TOTAL (SEE INSTRUCTIONS)						201
202	TOTAL (SEE INSTRUCTIONS)	17,616,759		17,616,759		17,621,629	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

,	COST CENTER DESCRIPTION		CHARGES		COST	TEFRA	PPS
		INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8	OR OTHER RATIO 9	INPATIENT RATIO 10	INPATIENT RATIO 11
	INPATIENT ROUTINE SERV COST CEN	TERS					
30	ADULTS & PEDIATRICS	18,223,344		18,223,344			30
	ANCILLARY SERVICE COST CENTERS						30
54	RADIOLOGY-DIAGNOSTIC	1,042,329	1,125	1,043,454	0.493739	0.493739	0.493739 54
	RADIOLOGY-SUA	791	·	791	0.107459	0.107459	0.107459 54.01
60	LABORATORY	1,201,683	8	1,201,691	0.137078	0.137078	0.137078 60
62.30	CECTIENC TON HENOTHER			-,,		0.23.070	62.30
65	RESPIRATORY THERAPY	3,845,850		3,845,850	0.107316	0.107316	0.107316 65
6 6	PHYSICAL THERAPY	9,057,248	1,696,776	10,754,024	0.224923	0.224923	0.224923 66
67	OCCUPATIONAL THERAPY	9,221,397	952,553	10,173,950	0.188458	0.188458	0.188458 67
68	SPEECH PATHOLOGY	3,270,190	908,459	4,178,649	0.237380	0.237380	0.237380 68
71	MEDICAL SUPPLIES CHRGED TO	1,042,320	10,564	1,052,884	0.361007	0.361007	0.361007 71
73	DRUGS CHARGED TO PATIENTS	3,948,663	42	3,948,705	0.346843	0.346843	0.346843 73
76	PSYCHOLOGY	437,916	1,212	439,128	0.220152	0.220152	0.220152 76
	SPECIAL PROCEDURES	91,952		91,952	0.122303	0.122303	0.122303 76.01
	CARDIAC REHABILITATION					***************************************	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
70.99	LITHOTRIPSY						76.99
92	OUTPATIENT SERVICE COST CENTERS						, 0.33
94	OBSERVATION BEDS						92
113	OTHER REIMBURSABLE COST CENTERS						
200	INTEREST EXPENSE						113
201	SUBTOTAL (SEE INSTRUCTIONS) LESS OBSERVATION BEDS	51,383,683	3,570,739	54,954,422			200
202		F4 000 705					201
202	TOTAL (SEE INSTRUCTIONS)	51,383,683	3,570,739	54,954,422			202

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D

CHECK APPLICABLE BOXES

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX

DOVER	[] TITLE XIX								
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2)	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 + COL.4)	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6)	
30	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS	907,249		907,249	23,200	39.11	16,130	630,844	30
31	INTENSIVE CARE UNIT	201,220		50.,205	,	37.11	20,250	030,011	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF								40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY								43
44	SKILLED NURSING FACILITY								44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	907,249		907,249	23,200		16,130	630,844	200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2012.11 05/17/2013 17:47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D

CHECK APPLIC BOXES	ABLE [XX] TITLE V] TITLE X\] TITLE X	[XX /III-PT A [IX [HOSPITAL (15-3025) IPF	5) [] SUBS	(OTHER)	[XX] PPS [] TEFF	LA
	COST CENTER DESC	RIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2)	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4)	
5 4	ANCILLARY SERVICE C RADIOLOGY-DIAGNOSTI RADIOLOGY-SUA		3 19,129	1,043,454	0.018332	724,638	13,284	54
60 62.30	LABORATORY BLOOD CLOTTING FOR		2,912	791 1,201,691	791 0.002 423	866,760	2,100	54.01 60 62.30
65 66	RESPIRATORY THERAPY PHYSICAL THERAPY		8,413 234,599	3,845,850 10,754,024	0.002188 0.021815	2,665,514 6,275,333	5,832 136,896	65
67 68	OCCUPATIONAL THERAP SPEECH PATHOLOGY	Υ .	128,025 61,258	10,173,950 4,178,649	0.012584	6,425,134	80,854	66 67
71 73	MEDICAL SUPPLIES CH DRUGS CHARGED TO PA		31,680 22,725	1,052,884	0.030089	2,123,543 547,906	31,131 16,486	68 71
76	PSYCHOLOGY SPECIAL PROCEDURES	1121113	6,687 118	3,948,705 439,128	0.005755 0.015228	2,825,201 294,856	16,259 4,490	73 76
76.9 7 76.98	CARDIAC REHABILITAT HYPERBARIC OXYGEN TO LITHOTRIPSY		118	91,952	0.001283	58,697	75	76.01 76.97 76.98
92	OUTPATIENT SERVICE OBSERVATION BEDS							76.99 92
200	OTHER REIMBURSABLE OTTAL (SUM OF LINES		515,546	36,731,078		22,807,582	307,407	200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

CHECK APPLICABLE BOXES

[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX

COST CENTER DESCRIPTION NURSING HEALTH EDUCATION AMOUNT 1	TAL COSTS M OF COLS. -3 MINUS COL. 4)

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	MEDICAL EDUCATION COST 3	ADJUSTMENT AMOUNT (SEE INSTR.)	(SUM OF COLS. 1-3 MINUS COL. 4)	
30 31 32 33 34 35 40 41 42 43	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER I NURSERY SKILLED NURSING FACILITY				·		30 31 32 33 34 35 40 41 42 43
45 200	NURSING FACILITY TOTAL (SUM OF LINES 30-199)						44 45 200

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

CHECK APPLICABLE BOXES

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX

	() IIIDS AI.	Α.				
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 + COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
30 31 32 33 34 35 40 41 42 43 44 45 200	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER - IFF SUBPROVIDER - IRF SUBPROVIDER I NURSERY SKILLED NURSING FACILITY NURSING FACILITY TOTAL (SUM OF LINES 30-199)	23,200		16,130		30 31 32 33 34 35 40 41 42 43 44 45

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

							PAR	T IV
CHECK APPLIC BOXES	() TITLE V (XX) (ABLE [XX] TITLE XVIII-PT A [] () TITLE XIX []	HOSPITAL (15-3) IPF IRF	025) [] SUE [] SNE [] NF	(OTHER)	t] ICF/MR	[XX]	PPS TEFRA
	COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
60 62.30 65 66 67 68 71 73 76 76.01 76.97	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIA RESPIRATORY THERAPY PHYSICAL THERAPY SPECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PA DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS							54 54.01 60 62.30 65 66 67 68 71 73 76 76.01 76.97 76.98 76.99
200	OTHER REIMBURSABLE COST CENTERS TOTAL (SUM OF LINES 50-199)							200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011) VERSION: 2012.11 05/17/2013 17:47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK APPLICA BOXES	[] TITLE V (X) ABLE [XX] TITLE XVIII-PT A [[] TITLE XIX [K) HOSPITAL] IPF] IRF	(15-3025) [[[] SUB (OTHER)] SNF] NF		[]	ICF/MR	[XX] PPS [] TEFRA
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7)	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	ANCILLARY SERVICE COST CENTERS							
54	RADIOLOGY-DIAGNOSTIC	1,043,454			724.638		410	54
54.01	RADIOLOGY-SUA	791						54.01
60	LABORATORY	1,201,691			866,760			60
	BLOOD CLOTTING FOR HEMOPHILI							62.30
65	RESPIRATORY THERAPY	3,845,850			2,665,514			65
66	PHYSICAL THERAPY	10,754,024			6,275,333			66
67	OCCUPATIONAL THERAPY	10,173,950			6,425,134			67
68	SPEECH PATHOLOGY	4,178,649			2,123,543			68
71	MEDICAL SUPPLIES CHRGED TO P	1,052,884			547,906		104	71
73	DRUGS CHARGED TO PATIENTS	3,948,705			2,825,201			73
76	PSYCHOLOGY	439,128			294,856		536	76
		91,952			58,697			76.01
	CARDIAC REHABILITATION							76.97
	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY							76.98
10.33	OUTPATIENT SERVICE COST CENTERS	•						76.99
92	OBSERVATION BEDS	•						00
	OTHER REIMBURSABLE COST CENTERS	s						92
200	TOTAL (SUM OF LINES 50-199)	36,731,078		2	2,807,582		1,050	200

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D PART V

CHECK APPLICA BOXES	[] TITLE V - O/P ABLE [XX] TITLE XVIII-PT [] TITLE XIX - O/	'B' []	HOSPITAL (15-3025) [] IPF []	SUB (OTHER) SNF	[] S/B-SNF [] S/B-NF [] ICF/MR
(COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	COST REIMB. PPS SERVICES REIMBURSED SUBJECT TO	COST REIMB. SVCES NOT SUBJECT TO PPS	PROGRAM COSTS COST COST SERVICES SVCES NOT SUBJECT TO SUBJECT TO DED & COINS DED & COINS 6 7
60 62.30 65 66 67 68 71 73 76 76.01 76.97 76.98 76.99	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS	0.493739 0.107459 0.137078 0.107316 0.224923 0.188458 0.237380 0.361007 0.346843 0.220152 0.122303	104 536	202 38 118	54 54.01 60 62.30 65 66 67 68 71 73 76 76.01 76.99
200	OTHER REIMBURSABLE COST CENTERS SUBTOTAL (SEE INSTRUCTIONS)		1,050	358	200
	LESS PBP CLINIC LAB SERVICES NET CHARGES (LINE 200 - LINE 201)	1,050	358	201 202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D

CHECK APPLICABLE BOXES

[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX

DOVER	(AA) IIILB AIA								
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 + COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6)	
30 31 32 33 34 35 40 41 42 43 44 45 200	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER - IPF SUBPROVIDER - IRF SUBPROVIDER I NURSERY SKILLED NURSING FACILITY NURSING FACILITY TOTAL (LINES 30-199)	907,249		907,2 4 9	23,200	39.11	1,065	41,652 41,652	30 31 32 33 34 35 40 41 42 43 44 45

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IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D

CHECK APPLICA BOXES	[] TITLE V ABLE [] TITLE XVII [XX] TITLE XIX	[XX] I-PT A []	HOSPITAL (15-3025) IPF IRF	aus ()	(OTHER)	[] PPS [] TEFRA [XX] OTHER	
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 + COL.2)	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4)	
	ANCILLARY SERVICE COST CENTERS						
54	RADIOLOGY-DIAGNOSTIC	19,129	1,043,454	0.018332	67,449	1,236	54
	RADIOLOGY-SUA		791	791			54.01
60	LABORATORY	2,912	1,201,691	0.002423	53,216	129	60
	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	8,413	3,845,850	0.002188	272,378	596	65
66	PHYSICAL THERAPY	234,599	10,754,024	0.021815	478,515	10,439	6 6
67	OCCUPATIONAL THERAPY	128,025	10,173,950	0.012584	396,151	4,985	67
68	SPEECH PATHOLOGY	61,258	4,178,649	0.014660	208,650	3,059	68
71	MEDICAL SUPPLIES CHRGED TO PA	31,680	1,052,884	0.030089	72,185	2,172	71
73	DRUGS CHARGED TO PATIENTS	22,725	3,948,705	0.005755	255,456	1,470	73
76	PSYCHOLOGY	6,687	439,128	0.015228	32,660	497	76
	SPECIAL PROCEDURES	118	91,952	0.001283	2,180	. 3	76.01
	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
92	OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS						92
200	TOTAL (SUM OF LINES 50-199)	515,546	36,731,078		1,838,840	24,586	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX APPLICABLE BOXES TOTAL COSTS (SUM OF COLS. 1-3 MINUS ALL OTHER SWING-BED ADJUSTMENT ALLIED MEDICAL EDUCATION COST CENTER DESCRIPTION AMOUNT NURSING HEALTH COL. 4) SCHOOL COST COST (SEE INSTR.) 3 4 INPAT ROUTINE SERV COST CTRS

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

CHECK APPLICABLE BOXES

[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX

5025	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM COL.5 + COL.6)	INPATIENT PROGRAM DAYS	INPAT PGM PASS THRU COSTS (COL.7 x COL.8)	
		6	7	8	9	
30 31 32 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	23,200		1,065		30 31 32 33
34 35 40	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER - IPF					34 35 40
41 42 43	SUBPROVIDER - IRF SUBPROVIDER I NURSERY					41 42 43
44 45 200	SKILLED NURSING FACILITY NURSING FACILITY TOTAL (SUM OF LINES 30-199)	23,200		1,065		44 45 200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

									PAR	TIV
CHECK APPLICA BOXES		[XX] [] []	HOSPITAL (15-3) IPF IRF	() () () () () () () () () () () () () (SUB SNF NF	(OTHER)	ţ] ICF/MR	[xx]	PPS TEFRA OTHER
	COST CENTER DESCRIPTION		NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2		ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4)	
60 62.30 65 66 67 68 71 73 76 76.01 76.97	ANCILLARY SERVICE COST CENTER RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIA RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PA DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTE	A.								54 54.01 60 62.30 65 66 67 71 73 76 76.01 76.97 76.98 76.99
92	OBSERVATION BEDS OTHER REIMBURSABLE COST CENTE	2 R C								92
200	TOTAL (SUM OF LINES 50-199)	31.0								200

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

								PART IV
CHECK APPLICA BOXES	[] TITLE V [XX BLE [] TITLE XVIII-PT A [[XX] TITLE XIX [HOSPITAL IPF IRF	(15-3025) [[] SUB (OTHER)] SNF] NF		. ()	ICF/MR	[] PPS [] TEFRA [XX] OTHER
	COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 + COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	ANCILLARY SERVICE COST CENTERS							
54	RADIOLOGY-DIAGNOSTIC	1,043,454			67,449			54
54.01	RADIOLOGY-SUA	791						54.01
60	LABORATORY	1,201,691			53,216			60
	BLOOD CLOTTING FOR HEMOPHILI							62.30
65	RESPIRATORY THERAPY	3,845,850			272,378			65
66	PHYSICAL THERAPY	10,754,024			478,515			66
67	OCCUPATIONAL THERAPY	10,173,950			396,151			67
68	SPEECH PATHOLOGY	4,178,649			208,650			68
	MEDICAL SUPPLIES CHRGED TO P	1,052,884			72,185			71
73	DRUGS CHARGED TO PATIENTS	3,948,705			255,456			73
76	PSYCHOLOGY	439,128			32,660			76
	SPECIAL PROCEDURES	91,952			2,180			76.01
	CARDIAC REHABILITATION							76,97
	HYPERBARIC OXYGEN THERAPY LITHOTRIPSY							76.98
, 0 . 3 3	OUTPATIENT SERVICE COST CENTERS							76.99
92	OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS							92
200	TOTAL (SUM OF LINES 50-199)	36,731,078		1	1,838,840			200

KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D

CHECK APPLIC BOXES	[] TITLE V - O/P ABLE [] TITLE XVIII-P1 [XX] TITLE XIX - O/		HOSPITAL (15-3025) [] SUB (OTHER IPF [] SNF IRF [] NF	S/B-SNF S/B-NF ICF/MR	
	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES COST REIMB. COST REIMB. PPS SERVICES SVCES NOT REIMBURSED SUBJECT TO SUBJECT TO SERVICES DED & COINS DED & COINS 2 3 4	PROGRAM COSTS COST COST SERVICES SVCES NO PPS SUBJECT TO SUBJECT SERVICES DED & COINS DED & COINS 5 6 7	го
60 62.30 65 66 67 68 71 73 76 76.01 76.97	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS	0.493739 0.107459 0.137078 0.107316 0.224923 0.188458 0.237380 0.361007 0.346843 0.220152 0.122303	157,838 104,787 89,709 1,553	35,501 19,748 21,295 561	54 54.01 60 62.30 65 66 67 68 71 73 76 76.01 76.97 76.99
200	SUBTOTAL (SEE INSTRUCTIONS)		353,887	77	
201 202	LESS PBP CLINIC LAB SERVICES		333,007	77,105	200 201
202	NET CHARGES (LINE 200 - LINE 201)	353,887	77,105	202

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### RPICABLE STITE V-INPT XX1 MOSPITAL (15-3025) SUB (OTHER) INFT I	COMPUTATION OF INPATIENT OPERATING COST	WORKSHEET D-1 PART I
INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS AND SHING-BED DAYS, EXCLIDING NEWBORN) 1 INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) EXCLIDING SHING-BED DAYS (INCLUDING PRIVATE ROOF DAYS) 4 SENI-PRIVATE ROOF DAYS (EXCLUDING SHING-BED PRIVATE ROOF DAYS) 4 SENI-PRIVATE ROOF DAYS (EXCLUDING SHING-BED PRIVATE ROOF DAYS) 5 STOTAL SHING-BED SHY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 5 TOTAL SHING-BED SHY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 7 TOTAL SHING-BED SHY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 8 SENI-PRIVATE ROOF DAYS (INCLUDING PRIVATE ROOF DAYS) 9 TOTAL SHING-BED HY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 9 TOTAL SHING-BED HY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 9 TOTAL SHING-BED HY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 9 TOTAL SHING-BED HY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 10 SHING-BED SHY-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOF DAYS) 10 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOF DAYS) 10 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOF DAYS) 11 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOF DAYS) THROUGH 12 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOF DAYS) THROUGH 13 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOF DAYS) THROUGH 14 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING SHING-BED DAYS) 15 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING SHING-BED DAYS) 16 TITLE YOR THE COST REPORTING PRIVATE ROOF DAYS) APPER 17 SHING-BED SHY-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING SHING-BED DAYS) 18 SHING-BED COST APPLICABLE TO SERVICES APPLICABLE TO SERVICES APPLE DECEMBER 31 OF THE COST REPORTING 19 PERIOD 19 SHING-BED COST APPLICABLE TO SERVICES APPLICABLE TO SERVICES APPLE DECEMBER 31 OF THE COST REPORTING 19 SHING-BED COST	APPLICABLE (XX) TITLE XVIII-PT A [] IPF [] SNF	[] TEFRA
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SKING-BED DAYS, EXCLUDING NEMBORN) 23,200 2 3 RETUATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 3 RETUATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-FAUTURE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 REFORTING SEMION-TIPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) 5 REFORTING SEMION-TIPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS AFPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE ROOM DAYS AFPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO SERVICES AFPER DECEMBER 31 OF THE COST REPORTING PRIVATE DAYS AFPLICABLE TO SERVICES AFPER DECEMBER 31 OF THE COST REPORTING PRIVATE D	PART I - ALL PROVIDER COMPONENTS	
PERRIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE) 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING 8 PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING 16 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING 16 TOTAL SWING-BED NF-TYPE INPATIENT DAYS AFTER DECEMBER 71 OF THE COST REPORTING DAYS) 16 SWING-BED SWF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH 10 SWING-BED SWF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 11 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 13 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 14 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 15 DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XVIO ON XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER 17 MEDICABLE 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 18 MEDICABLE AND ANUSCHMENT 19 MEDICABLE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 19 MEDICABLE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICABLE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL IMPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS) 22 CHINE 5 X LINE 31) 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 24 CHINE 5 X LINE 17) 25 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 26 TOTAL SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REP	1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	23,200 2 2,158 3 21,042 4 5
8 TOTAL SWING-BED NP-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFFER DECEMBER 31 OF THE COST REPORTINO 8 PERIOD (IF CALENDAR YEAR, ENTER O ON THIS LINE) 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEMBORN DAYS) 16,130 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS) THROUGH 10 DECEMBER 31 OF THE COST REPORTING PERIOD (SECRIFICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH 11 DECEMBER 31 OF THE COST REPORTING PERIOD ON THIS LINE) 12 SWING-BED NP-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH 12 SWING-BED NP-TYPE INPATIENT DAYS APPLICABLE TO TITLES VOR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER 12 SWING-BED NP-TYPE INPATIENT DAYS APPLICABLE TO TITLES VOR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER 13 DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 15 COTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 15 TOTAL STRUCTURE APPLICABLE TO SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 15 TOTAL STRUCTURE DAYS (TOTAL STRUCTURE DA	PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
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10 SHING-BED SINP-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH 11 SHING-BED SINP-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 11 ST THE COST REPORTING PERIOD (IF CALENDAR VEAR, ENTER 0 ON THIS LINE) 12 SHING-BED NP-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 1 OF THE COST REPORTING PERIOD (IF CALENDAR VEAR, ENTER 0 ON THIS LINE) 13 SHING-BED NP-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER 1 DECEMBER 31 OF THE COST REPORTING PERIOD DECEMBER 31 OF THE COST REPORTING FERIOD PRIVATE ROOM DAYS) AFTER 1 DECEMBER 31 OF THE COST REPORTING FERIOD SECONDARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER 1 TO THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER 1 TO THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED COST APPLICABLE TO SHP-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED COST SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TO THE PROGRAM (EXCLUDING SMING-BED C	PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
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24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 18,223,343 28 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 10,488,311 30 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 20.41 34 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 38 AVERAGE SERVI-PRIVATE ROOM COST DIFFERENTIAL (LINE 35) 39 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 AVERAGE PER DIEM PRIVATE ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 AVERAGE SERVI-PRIVATE ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 AVERAGE SERVI-PRIVATE ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 AVERAGE SERVI-PRIVATE ROOM COST DIFFERENTIAL (LINE 35) 32 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 AVERAGE SERVI-PRIVATE ROOM COST DIFFERENTIAL (LINE 35)	23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	23
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26 TOTAL SWING-BED COST (SEE INSTRUCTIONS) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 34 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 35 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 38 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 3 x LINE 31) 39 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 39 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 32 SENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	25
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 34 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 35 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 31) 37 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 38 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 39 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 40 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 41 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 42 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 43 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 44 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 45 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 46 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 47 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 48 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 36 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 38 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 37 LINE 38) 39 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 30 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 37 LINE 38) 31 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 37 LINE 38) 31 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 31 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 38 LINE 38)		3,313,201 2.
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 20.41 34 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL IMPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 9,320,611 37	28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,735,032 29 16,488,311 30 0.512704 31 804.00 32
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 22,573 36 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL 9,320,611 37	34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	20.41 34
	36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	22,573 36

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COMPUTATI	ION OF INPATIENT OPERATING COST	WORKSHE PART	
CHECK APPLICABL BOXES	[] TITLE V-INPT [XX] HOSPITAL (15-3025) [] SUB (OTHER) LE [XX] TITLE XVIII-PT A [] IPF [] TITLE XIX-INPT [] IRF	[xx]	PPS TEFRA
PART II -	- HOSPITAL AND SUBPROVIDERS ONLY	` .	• • • • • • • • • • • • • • • • • • • •
39 PRO 40 MED	OGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS JUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) OGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) DICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) TAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	402.72 6,495,874 6,495,874	39 40
	TOTAL TOTAL PER DIEM INPATIENT INPATIENT (COL. 1 + PROGRAM COST DAYS COL. 2) DAYS 1 2 3 4	PROGRAM COST (COL. 3: COL. 4)	×
42 NUR	RSERY (TITLES V AND XIX ONLY)	5	42
43 INT 44 COR 45 BUR 46 SUR 47 OTH	TENSIVE CARE TYPE INPATIENT HOSPITAL UNITS PENSIVE CARE UNIT RONARY CARE UNIT RONARY CARE UNIT ROI INTENSIVE CARE UNIT RGICAL INTENSIVE CARE UNIT HER SPECIAL CARE (SPECIFY)		43 44 45 46
48 PRO	OGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) PAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,138,861	
PAS 50 PAS 51 PAS AND	SS-THROUGH COST ADJUSTMENTS SS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) SS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II O IV) PAL PROGRAM EXCLUDABLE COST	630,844 307,407	50
53 TOT.	AND TROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL DOCATION COSTS (LINE 49 MINUS LINE 52)	938,251 10,696,484	52 53
54 PRO6 55 TAR6 56 TAR6 57 DIF1 58 BON	GET AMOUNT AND LIMIT COMPUTATION GRAM DISCHARGES GGET AMOUNT (LINE 54 x LINE 55) FERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT ULS PAYMENT (SEE INSTRUCTIONS) SEER OF LINE 53 (LINE 54 OR LINE 55 ERROR THE COST AND TARGET AMOUNT SEER OF LINE 53 (LINE 54 OR LINE 55 ERROR THE COST AND TARGET AMOUNT		54 55 56 57 58
50 LESS 51 IF 1 OPEI OTHI 52 REL1	SER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED THE MARKET BASKET SER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH RATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), IEF PAYMENT (SEE INSTRUCTIONS)		59 60 61
	OWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		62 63
4 MED	GRAM INPATIENT ROUTINE SWING BED COST ICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD ICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD ICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		64
6 TOTA	ICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD E INSTRUCTIONS) (TITLE XVIII ONLY) AL MEDICARE SWING-BED SNF INPATIENT POURTINE COORS (MITTER AND ADDRESS OF THE COST REPORTING PERIOD		65
(LIN	AL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) LE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD NE 12 x LINE 19)		6 6 67
8 TITI (LIN	LE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD NE 13 x LINE 20)		68
	AL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69
	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST AL OBSERVATION BED DAYS (SEE INSTRUCTIONS)		
8 ADJU	USTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) ERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	402.72	37 38 39
O CAPI	ROUTINE TOTAL	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)	
1 NURS 2 ALLI	SING SCHOOL COST IED HEALTH COST OTHER MEDICAL EDUCATION	9	0 1 1 2 3

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COMPUTATION OF INPATIENT OPERATING COST	WORKSHEET D-1 PART I
CHECK [] TITLE V-INPT [XX] HOSPITAL (15-3025) [] SUB (OTHER) [] ICF/MR APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF BOXES [XX] TITLE XIX-INPT [] IRF [] NF	[] PPS [] TEFRA [XX] OTHER
PART I - ALL PROVIDER COMPONENTS	
INPATIENT DAYS 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	7
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST PROPRIENT REPLOY (FOR THE ROOM DAYS)	1,065 9 10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE COST REPORTING PERIOD (IF CALENDAR VERB ENTER) ON THE CALENDAR VERB	11
DECEMBER 31 OF THE COST REPORTING PERIOD	12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) 15 TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) 16 TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1 4 15 16
SWING-BED ADJUSTMENT 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19
(LINE 5 x LINE 17)	9,338,314 21 22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25
26 TOTAL SWING-BED COST (SEE INSTRUCTIONS) 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	26 9,338,314 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT 8 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) 9 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28) 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3) 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4) 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	18,223,343 28 1,735,032 29 16,488,311 30 0.512437 31 804.00 32 783.59 33 20.41 34 10.46 35 22,573 36 9,315,741 37

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COMP	UTATION OF INPATIENT OPERATING COST	WORKSHEET D PART II
CHECI APPL: BOXE:	ICABLE [] TITLE XVIII-PT A [] IPF	[] PPS [] TEFR [XX] OTHE
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	
38 39 40 41	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	401.54 38 427,640 39 40 427,640 41
	AVERAGE TOTAL TOTAL PER DIEM INPATIENT INPATIENT (COL. 1 + PROGRAM COST DAYS COL. 2) DAYS	PROGRAM COST (COL. 3 x COL. 4)
42	NURSERY (TITLES V AND XIX ONLY)	5 42
43 44 45 46 47 48 49	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	43 44 45 46 47 423,763 48
	PASS-THROUGH COST ADJUSTMENTS	851,403 49
50 51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	41,652 50 24,586 51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	66,238 52 53
54 55 56 57 58 59	TARGET AMOUNT AND LIMIT COMPUTATION PROGRAM DISCHARGES TARGET AMOUNT PER DISCHARGE TARGET AMOUNT (LINE 54 × LINE 55) DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT (SEE INSTRUCTIONS) LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	54 55 56 57 58 59
60 61	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	60
62 63	RELIEF PAYMENT (SEE INSTRUCTIONS) ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	62 63
64	PROGRAM INPATIENT ROUTINE SWING BED COST MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE VALID ONLY)	
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	6 4 65
66 67	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	6 6 67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69
PART :	IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	
87 88 89	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)	87 88 89
	ROUTINE TOTAL ROUTINE OBS. BED COST COST	OBS. BED PASS-THRU COST (COL. 3 x
	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST COST LINE 27) COL. 1 ÷ (FROM COL. 1 ÷ (FROM LINE 27) COL. 2 LINE 89)	COL. 4) (SEE INSTR.)
90 91 92 93	CAPITAL-RELATED COST NURSING SCHOOL COST ALLIED HEALTH COST ALL OTHER MEDICAL EDUCATION	5 90 91 92

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK APPLIC BOXES	[] TITLE V [XX] HOSPITAL ABLE [XX] TITLE XVIII-PT A [] IPF [] TITLE XIX [] IRF	. [] 9	SUB (OTHER) SNF IF	[] S/B SNF [] S/B NF [] ICF/MR	[XX] PPS [] TEFRA [] OTHER
	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
30 54	INPATIENT ROUTINE SERVICE COST CENTERS ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS		12,655,858		30
	RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY	0.493739 0.107459	724,638	357,782	54 54.01
65	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY	0.137078 0.107316	866,760 2,665,514	118,814 286,052	60 · 62 · 30
66 67 68	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	0.224923 0.188458	6,275,333 6,425,134	1,411,467 1,210,868	65 66 67
71 73	MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS	0.237380 0.361007 0.346843	2,123,543 547,906 2,825,201	504,087 197,798	68 71
76 76.01	PSYCHOLOGY SPECIAL PROCEDURES	0.220152 0.122303	2,825,201 294,856 58,697	979,901 64,913 7,179	73 76 76.01
76.98	CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY LITHOTRIPSY		·	.,,	76.97 76.98
92	OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS				76.99
200	OTHER REIMBURSABLE COST CENTERS TOTAL (SUM OF LINES 50-94 AND 96-98)		22,807,582	5,138,861	92 200
	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES NET CHARGES (LINE 200 MINUS LINE 201)		22,807,582		201 202

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK APPLIC BOXES	[] TITLE V [XX] HOSPITAL ABLE [] TITLE XVIII-PT A [] IPF [XX] TITLE XIX [] IRF	() s	SUB (OTHER) SNF IF	[] S/B SNF [] S/B NF [] ICF/MR	[] PPS [] TEFRA [XX] OTHER
	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	ADULTS & PEDIATRICS		971.050		30
54	ANCILLARY SERVICE COST CENTERS		,		30
	RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA	0.493739	67,449	33,302	54
60	LABORATORY	0.107459			54.01
	BLOOD CLOTTING FOR HEMOPHILIACS	0.137078	53,216	7,295	60
65	RESPIRATORY THERAPY	A 107346			62.30
66	PHYSICAL THERAPY	0.107316 0.224923	272,378	29,231	65
67	OCCUPATIONAL THERAPY	0.224923	478,515	107,629	66
68	SPEECH PATHOLOGY	0.237380	396,151	74,658	67
71	MEDICAL SUPPLIES CHRGED TO PATI	0.361007	208,650	49,529	68
73	DRUGS CHARGED TO PATIENTS	0.346843	72,185	26,059	71
76	PSYCHOLOGY	0.220152	255,456 32,660	88,603	73
76.01	SPECIAL PROCEDURES	0.122303		7,190	76
	CARDIAC REHABILITATION	0.122303	2,180	267	76.01
76.98	HYPERBARIC OXYGEN THERAPY				76.97
	LITHOTRIPSY				76.98
	OUTPATIENT SERVICE COST CENTERS				76.99
92	OBSERVATION BEDS				
	OTHER REIMBURSABLE COST CENTERS				92
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		1,838,840	423,763	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES		3,500,010	423,703	200
202	NET CHARGES (LINE 200 MINUS LINE 201)		1,838,840		201 202

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E

	COLATION OF REIMBURSEMENT SETTLEMENT CK APPLICABLE BOX: [XX] HOSPITAL (15-3025) [] IPF [] IRF	WORKSHEET I PART B
	[] SUB (OTHER) [] SNF	,	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1 2	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
3	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS) PPS PAYMENTS	358 430	2
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	430	3
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6 7	LINE 2 TIMES LINE 5 SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		. 6
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		7
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WEST D, PART IV, COL. 13, LINE 200		8 9
10 11	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS) COMPUTATION OF LESSER OF COST OR CHARGES		11
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13 14	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13) CUSTOMARY CHARGES		14
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES		15
	ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES		16
17	ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)		
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1.000000	17
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS		18 19
20	LINE II (SEE INSTRUCTIONS)		
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS)		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		21 22
23 24	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 \$2148)		23
4	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9) COMPUTATION OF REIMBURSEMENT SETTLEMENT	430	24
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26 27	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	117	26
21	SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS)	313	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		28 29
30 31	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	313	30
32	PRIMARY PAYER PAYMENTS SUBTOTAL (LINE 30 MINUS LINE 31)		31
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	313	32
33	COMPOSITE RATE ESRD (FROM WKST I-5. LINE 11)		33
34 35	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
36	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		. 35
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	313	36
38	MSF-ECC RECONCILIATION AMOUNT FROM PSER	313	37 38
39 40	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
41	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38) INTERIM PAYMENTS	313	40
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	313	41 42
43 44	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
**	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90 91	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91 92	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
93	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY TIME VALUE OF MONEY (SEE INSTRUCTIONS)		92
94	TOTAL (SUM OF LINES 91 AND 93)		93 94
			94

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1

A11707										P.	RT I
CHECK APPLICABLE	[XX] []	HOSPITAL IPF	(15-3025)	[]	SUB (OTHER)		INPAT	T A		_	
BOX:	i i			ii	SWING BED S	NF	PAR	T A	PART	В	
	-			• •			MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
DESCRIPTION	ON						1	2	3	4	
1 TOTAL INTE	ERIM PA	YMENTS PA	ID TO PROVIDE	R				17,752,922		313	1
			ON INDIVIDUAL		3 ,			NONE		NONE	2
			SUBMITTED TO								
			RENDERED IN 'NONE, WRITE								
OR ENTER A			NONE, WRITE	NONE.							
			DACTIVE LUMP	SUM		.01		NONE		NONE	3.01
ADJUSTMENT	NUOMA 1	T BASED OF	N SUBSEQUENT			.02				NONE	3.02
REVISION C	F THE	INTERIM R	ATE FOR THE C	OST	PROGRAM						3.03
			OW DATE OF EACH		TO	.04					3.04
ZERO.	ii nonz	, WRITE I	NONE OR ENTE.	М А	PROVIDER	.05					3.05
						.07					3.06 3.07
						.08					3.08
						.09					3.09
						.50		NONE		NONE	3.50
					PROVIDER	.51 52					3.51
					TO	. 53					3.52 3.53
					PROGRAM	. 54					3.54
						. 55					3.55
						.56 .57					3.56
						.58					3.57
						.59					3.58 3.59
			01-3.49 MINUS	SUM		.99					3.99
OF LINES 3			JM OF LINES 1	-							
AND 3.99)	(TRANS	FER TO WKS	ST E OR E-3, 1	, Z				17,752,922		313	4
AND COLUMN	I AS AP	PROPRIATE)		211112							
					TO BE CO	MPLETED	BY CONTRACTOR				
5 LIST SEPAR	ATELY	EACH TENTA	TIVE SETTLEM	יייארי	PROGRAM	01					
PAYMENT AF	TER DE	SK REVIEW.	ALSO SHOW D	ATE		.02					5.01
OF EACH PA	YMENT.	IF NONE,	WRITE 'NONE'	OR	PROVIDER	.03					5.02 5.03
ENTER A ZE	RO.					.04					5.04
						.05					5.05
						.06 .07					5.06
						.08					5.07 5.08
						.09					5.09
					PROVIDER						5.50
					TO PROGRAM	.51					5.51
					PROGRAM	.53					5.52 5.53
						. 54					5.54
						.55					5.55
						.56					5.56
						.57 .58					5.57
						.59					5.58 5.59
SUBTOTAL (SUM OF	LINES 5.0	1-5.49 MINUS	SUM		.99					5.99
OF LINES 5 6 DETERMINE	.5U-5. Nen se	אין ארבוארייא) דידון	.M∩TIN/TP		DROGRAM						
(BALANCE D	UE) BA	SED ON THE	COST REPORT		PROGRAM TO	.01					
	_,		MILONI		PROVIDER	.01					6.01
					PROVIDER						
					то	.02					6.02
7 TOTAL MEDI	CARE P	ROGRAM T.TA	BILITY (SEE I	MCMP '	PROGRAM						
				MOTK.	,						7
8 NAME OF CO	NTRACT	OR:						CONTRACTOR NUMB	ER: NPR DA	TR.	8
									MAR DE		9

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WORKSHEET E-3 PART III

CALCULATION OF REIMBURSEMENT SETTLEMENT

APPLICABLE BOX:

[XX] HOSPITAL (15-3025)
[] IRF

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

	FART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS		
1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS) MEDICARE SSI RATIO (SEE INSTRUCTIONS) INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS) OUTLIER PAYMENTS	17,536,552	
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.036900	1
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	886,315	3
4	OUTLIER PAYMENTS	6 474	3
5	OWNER GRIED INTERN AND RESIDENT FIE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING	2	- 4
	ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	-	3
5.0	1 CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FOR COUNT FOR RESIDENTS THAT WERE		5.01
	DISPLACED BY PROGRAM OR HOSPITAL CLOSURE. THAT WOULD NOT BE COUNTED WITHOUT & TEMPORARY		5.01
	CAP ADJUSTMENT UNDER \$412.424(d)(1)(iii)(F)(1) OR (2) (SER INSTRUCTIONS)		
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW		7
	TEACHING PROGRAM (SEE INSTRUCTIONS)		•
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW		8
	TEACHING PROGRAM (SEE INSTRUCTIONS)		9
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	63.387978	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR (((1 + (LINE 9/LINE 10)) RAISED TO THE POWER		11
	()F . bH/b -1)		
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11) TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12) NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) OPEN ACCULETION		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	18.429.341	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	,,	14
15	ORGAN ACQUISITION		15
16	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11) TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12) NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) ORGAN ACQUISITION COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL LINE 17b LESS LINE 18) DEDUCTIBLES SUBTOTAL (LINE 19 MINUS LINE 20) COINSURANCE SUBTOTAL (LINE 21 MINUS LINE 22) ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) SUBTOTAL (SUM OF LINES 23 AND 25) DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY) OTHER PASS THROUGH COSMS (GER INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	18.429.341	17
18	PRIMARY PAYER PAYMENTS	9,476	18
19	SUBTOTAL LINE 17b LESS LINE 18)	18.419.865	19
20	DEDUCTIBLES	385.459	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	18,034,406	21
22	COINSURANCE	194.504	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	17.839.902	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	36,446	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	25.512	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	29.699	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	17.865.414	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING	, , , , , , , , , , , , , , , , , , , ,	28
29	IRF ONLY)		
30	TIMEN TARBOTA COSTS (SEE INSTRUCTIONS)		29
31	OUTLIER PAYMENTS RECONCILIATION		
32	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
33	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	17,865,414	32
34	INTERIA PAYMENTS	17,752,922	33
35	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
36	BROWNER DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	112,492	35
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34) PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	37,106	36
	SECTION 115.2	•	
	TO BE COMPLETED BY CONTRACTOR		
50	OPICINAL CURVINE AND ANGUER TO A CONTROL OF THE CON		
51	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
52	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
53	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
<i>J</i> J	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3 PART VII

CHECK APPLICABLE BOXES:	[] (xx)	TITLE	-	:X] [[[j	HOSPITAL (15-3025) IPF IRF SUB (OTHER))))]]]		SNF NF ICF/MR	[[[X]]] x}	PPS TEFRA OTHER
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PART VII -	CALCULATION OF	REIMBURSEMENT	SETTLEMENT -	ALL OTHER	HEALTH	SERVICES	FOR	TITERS 1	7 02	ጥተጥ፣ ድ	VTV	CERVICES
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COMPUTATION OF NET COST OF COVERED SERVICES 1 IMPATIENT HOSPITAL SINFING SERVICES 2 ORGAN ACQUISITION (CERTIFIED TAMSFLANT CENTERS ONLY) 3 SUBTORAL SIGN OF LINES 1, 2 AND 3 5 SUBTORAL SIGN OF LINES 1, 2 AND 3 5 OUTPATIENT PRIMARY PAYER PAYMENTS 5 OUTPATIENT PRIMARY PAYER PAYMENTS 6 OUTPATIENT PRIMARY PAYER PAYMENTS 7 SUBTORAL SIGN OF LINES 1, 2 AND 6) 8 SUBTORAL SIGN OF LINES 1, 2 AND 6) 8 ROUTINE SERVICE CHARGES 8 ROUTINE SERVICE CHARGES 8 ROUTINE SERVICE CHARGES 9 ANCILLARY SERVICE CHARGES 10 ORGAN ACQUISITION CHARGES, NET OF REVENUE 10 ORGAN ACQUISITION CHARGES, NET OF REVENUE 11 INCREMITURE FROM TRACE MOUNT COMPUTATION 12 OUTSOMARY CHARGES (SIM OF LINES 8-11) 13 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PAYMENT FOR SERVICES ON A CHARGE BASIS AND AND ACQUISITION CHARGES CHARGES (SIM OF LINES 8-11) 14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PAYMENT FOR SERVICES ON A CHARGE BASIS AND AND ACQUISITION CHARGES CHARGES (SIM OF LINES 8-11) 15 RATIO OF LINE 13 TO LINE 14 (MOT TO EXCEED 1.000000) 16 EXCESS OF CUSTOMARY CHARGES OVER PREASONABLE COST (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 4 17 EXCESS OF CUSTOMARY CHARGES OVER PREASONABLE COST (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 4 18 EXCESS OF CUSTOMARY CHARGES OVER PREASONABLE COST (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 4 19 LITERARY AND RESIDENCES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS) 10 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS) 20 OUTLIER PAYMENTS 21 CONTORNAL CHARGES CHARGES SERVICES ONLY IN PRESCRICES ONLY 22 CONTORNAL CHARGES CHARGES SERVICES CHARGES SERVICES ONLY 23 OUTLIER PAYMENTS 24 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 25 CAPITAL EXCEPTION PAYMENTS 26 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 27 SUBTORAL (SUM OF LINES 13 ALAND 35 HINUS LINES 5 AND 6) 28 EXCESS OF REASONABLES COST OVER CLINE 50 MON SERVICES ONLY) 29 CONTORNAL (SUM OF LINES 13) ALAND 35 HINUS LINES 5 AND 6) 20 COLISTORAL (SUM OF LINES 13) ALAND 35 HINUS LINES 5 AND 6) 20 COLISTORAL			TITLE V OR	OUTPATIENT TITLE V OR TITLE XIX
### MEDICAL AND OTHER SERVICES ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) 77,105 2 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) 851,403 77,105 4 SUBTOTAL (SUM OF LINES 1, 2 AND 3) 77,105 4 INPARTEENT PRIMARY PAYER PAYMENTS 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 77,105 7 SUBTOTAL (LINE & LESS SUM OF LINES 5 AND 6) 851,403 851,40				
ORGAM ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) SURFORTAL (SUM OF LINES 1, 2 AUD 3) TINPATIENT PRIMARY PAYER PAYMENTS SUBTORTAL (SUM OF LINES 5 AUD 6) SUBTORTAL (LINE 4 LESS SUM OF LINES 5 AUD 6) SUBTORTAL (LINE 4 LESS SUM OF LINES 5 AUD 6) SUBTORTAL (LINE 4 LESS SUM OF LINES 5 AUD 6) REASONABLE CHARGES ROUTINE SERVICE CHARGES ROUTINE SERVICES ROUTINE SERVICE CHARGES ROUTINE SERVICES ROUTINE			851,403	1
SUBTOTAL (SUM OF LINES 1, 2 AND 3)				77,105 2
INPATIENT PRIMARY PAYER PAYMENTS				
ADMINISTRATE PRANSE APRIEMENT 5 6 5 5 5 5 5 5 5 5			851,403	77,105 4
SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) COMPUTATION OF LESSER OF COST OR CHARGES RADIONALIC CHARGES RA			•	5
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28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY) 29 SUM OF LINES 27 AND 21 COMPUTATION OF REIMBURSEMENT SETTLEMENT 30 EXCESS OF REASONABLE COST (FROM LINE 18) 31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) 32 DEDUCTIBLES 33 COINSURANCE 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (SUM OF LINES 31, 36 AND 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		CULTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
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COMPUTATION OF REIMBURSEMENT SETTLEMENT 30 EXCESS OF REASONABLE COST (FROM LINE 18) 31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) 32 DEDUCTIBLES 33 COINSURANCE 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (SUM OF LINES 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		
EXCESS OF REASONABLE COST (FROM LINE 18) 31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) 32 DEDUCTIBLES 33 COINSURANCE 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2	49		851,403	77,105 29
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) 32 DEDUCTIBLES 33 COINSURANCE 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2	30			
DEDUCTIBLES 32 COINSURANCE 33 COINSURANCE 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		EXCESS OF REASONABLE COST (FROM LINE 18)		30
32 COINSURANCE 33 33 COINSURANCE 33 34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 34 35 UTILIZATION REVIEW 35 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 851,403 77,105 36 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 851,403 77,105 36 38 SUBTOTAL (LINE 36 ± LINE 37) 851,403 77,105 38 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 851,403 77,105 38 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 851,403 77,105 40 41 INTERIM PAYMENTS 740,100 48,762 41 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 111,303 28,343 42 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	851,403	77.105 31
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2				
ALLOWABLE HAD DEBTS (SEE INSTRUCTIONS) 34 UTILIZATION REVIEW 35 UTILIZATION REVIEW 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2				33
35 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		
SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) 77,105 36 77,105 36 37 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		UTILIZATION REVIEW		3.5
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) 38 SUBTOTAL (LINE 36 ± LINE 37) 39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	851.403	77.105 36
SUBSTITAL (LINE 36 ± LINE 37) 9 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) 10 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 11 INTERIM PAYMENTS 12 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 13 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		
39 40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		SUBTOTAL (LINE 36 ± LINE 37)	851.403	
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) 41 INTERIM PAYMENTS 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	,	
TOTERIM PAYMENTS 740.100 48.762 41 42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) 111,303 28,343 42 43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	851.403	77.105.40
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUR 15-2		INTERIM PAYMENTS	740.100	48.762 41
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2		BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	111.303	28 343 42
SECTION 115.2	43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2	,505	•
		SECTION 115.2		. 43

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BALANCE SHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
		1	FUND 2	3	4	
	CURRENT ASSETS	-	-	•	•	
1 2 3	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS NOTES RECEIVABLE	3,035,874				1 2 3
4	ACCOUNTS RECEIVABLE	5,977,636			·	4
5 6	OTHER RECEIVABLES					5
0	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,882,213				6
7	INVENTORY	33,643				7
8 9	PREPAID EXPENSES OTHER CURRENT ASSETS	24,159				8 9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	7,189,099				11
	FIXED ASSETS					
12 13	LAND					12
14	LAND IMPROVEMENTS ACCUMULATED DEPRECIATION					13 14
15	BUILDINGS					15
16 17	ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS	2,151,643				16 17
18	ACCUMULATED AMORTIZATION	-1,824,616				18
19 20	FIXED EQUIPMENT				4	19
21	ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS					20 21
22	ACCUMULATED DEPRECIATION					22
23 24	MAJOR MOVABLE EQUIPMENT ACCUMULATED DEPRECIATION	2,091,926				23
25	MINOR EQUIPMENT DEPRECIABLE	-1,514,001				24 25
26	ACCUMULATED DEPRECIATION					26
27 28	HIT DESIGNATED ASSETS ACCUMULATED DEPRECIATION					27 28
29	MINOR EQUIPMENT-NONDEPRECIABLE					29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	904,952				30
	OTHER ASSETS					
31 32	INVESTMENTS					31
32 33	DEPOSITS ON LEASES DUE FROM OWNERS/OFFICERS					32 33
34	OTHER ASSETS	12,307,840				34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	12,307,840				35
35 36	TOTAL OTHER ASSETS (SUM OF LINES 31-34) TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	12,307,840 20,401,891				35 36
			SPECIFIC PURPOSE	ENDOWMENT FUND	PLANT FUND	
	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	20,401,891 GENERAL FUND	PURPOSE FUND	FUND	FUND	
	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	20,401,891 GENERAL	PURPOSE			
36 37	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE	20,401,891 GENERAL FUND	PURPOSE FUND	FUND	FUND	
36 37 38	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	20,401,891 GENERAL FUND	PURPOSE FUND	FUND	FUND	36 37 38
36 37 38 39 40	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE	20,401,891 GENERAL FUND 1 209,046	PURPOSE FUND	FUND	FUND	36 37
36 37 38 39 40 41	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME	20,401,891 GENERAL FUND 1 209,046	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41
36 37 38 39 40	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM)	20,401,891 GENERAL FUND 1 209,046	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41 42
37 38 39 40 41 42 43 44	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	20,401,891 GENERAL FUND 1 209,046 636,674	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41
37 38 39 40 41 42 43	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	20,401,891 GENERAL FUND 1 209,046 636,674	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43
37 38 39 40 41 42 43 44	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	20,401,891 GENERAL FUND 1 209,046 636,674	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41 42 43 44
37 38 39 40 41 42 43 44 45	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES	20,401,891 GENERAL FUND 1 209,046 636,674	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	20,401,891 GENERAL FUND 1 209,046 636,674	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41 42 43 44
37 38 39 40 41 42 43 44 45	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE UNDECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45 46 47 48 49 50	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES FAYABLE UNSECURED LOANS OTHER LIABILITIES OFTER LIABILITIES OFTER LIABILITIES OFTER LIABILITIES OFTER LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
37 38 39 40 41 42 43 44 45 50 51 52 53 54	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES WORTCAGE PAYABLE UNSECURED LOANS OTHER LOANS OTHER LOANS OTHER LOANS OTHER LIABILITIES ONGTERM LIABILITIES MORTCAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LONG TERM LONG TERM LONG TERM TOTAL LONG TERM LONG TERM T	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45 50 51 52 53 54 55
37 38 39 40 41 42 43 44 45 50 51 52 53 54	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LURIPHITIES COTHER LOANS OTHER LONG TERM LIABILITIES COTHER LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 55 56
36 37 38 39 40 41 42 43 445 45 50 51 52 53 55 55 56	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTCAGE PAYABLE NOTES PAYABLE UNSCURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LONG TERM LONG TOTAL LONG TERM LONG TOTAL LONG TERM LONG TOTAL LONG	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45 50 51 52 53 54 55
37 38 39 40 41 42 43 445 50 51 52 53 54 55 55 57	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994 13,416,897	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 55 56 57 58
37 38 39 40 41 42 43 44 45 50 51 52 53 54 55 55 57 58 59	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTHER LONG TERM LIABILITIES TOTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED TONOR CREATED-ENDOWNENT FUND BAL-UNRESTRICTED TON	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994 13,416,897	PURPOSE FUND	FUND	FUND	37 38 39 40 41 42 43 44 45 50 51 52 53 54 55 56 57
36 37 38 39 40 41 42 43 44 45 50 51 52 53 54 55 57 58	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE NOTES PAYABLE NOTES PAYABLE UNSECURED LOANS OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES COTAL LIABILITIES (SUM OF LINES 45 AND 50) CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	20,401,891 GENERAL FUND 1 209,046 636,674 2,129,156 2,974,876 4,010,118 4,010,118 6,984,994 13,416,897	PURPOSE FUND	FUND	FUND	36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 55 56 57 58

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

		G 1	ENERAL	FUND 2	SPECIFIC 3	PURPOSE	FUND 4	ENDOWMENT 5	FUND 6	PLANT 7	FUND 8	
1	FUND BALANCES AT BEGINNING OF PERIOD		12,693	, 880								1
2	NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	•	8,210	, 593								2
	TOTAL (SUM OF LINE 1 AND LINE 2) ADDITIONS (CREDIT ADJUST- MENTS)		20,904	, 473								3 4
5 6 7 8												5 6 7 8
9 10	TOTAL ADDITIONS (SUM OF LINES											9 10
	SUBTOTAL (LINE 3 PLUS LINE 10) DEDUCTIONS (DEBIT ADJUST- MENTS)		20,904	, 473								11 12
	MINORITY INTEREST DISTRIBUTIONS	1,806,330 5,681,246										13 14 15 16 17
18	TOTAL DEDUCTIONS (SUM OF LINES 12-17)		7,487	,576								18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		13,416	,897								19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	FART I - FATTENT RE	Caunav			
	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL	
	GENERAL INPATIENT ROUTINE CARE SERVICES		-	•	
1	HOSPITAL	18,223,343		18,223,343	1
2	SUBPROVIDER IPF			,,	2
3	SUBPROVIDER IRF				3
5	SWING BED - SNF				5
6	SWING BED - NF				6
7	SKILLED NURSING FACILITY				7
8	NURSING FACILITY				8
9	OTHER LONG TERM CARE				و ٠
10	TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	18.223.343		18,223,343	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES	_0,0,		10,110,010	
11	INTENSIVE CARE UNIT				11
12	CORONARY CARE UNIT				12
13	BURN INTENSIVE CARE UNIT				13
14	SURGICAL INTENSIVE CARE UNIT				14
15	OTHER SPECIAL CARE (SPECIFY)				15
16	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF				16
	LINES 11-15)				
17	TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	18,223,343		18,223,343	17
18	ANCILLARY SERVICES	33,160,339	3,570,739	36,731,078	18
19	OUTPATIENT SERVICES	33,100,333	3,3,0,,33	30,731,070	19
20	RHC				20
21	FOHC				21
22	HOME HEALTH AGENCY				22
23	AMBULANCE				23
25	ASC				25
26	HOSPICE				26
27	OTHER (SPECIFY)				27
28	TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3	51.383.682	3,570,739	54,954,421	28
	TO WEST G-3, LINE 1)	31,303,001	3,370,733	34,334,421	20
	PART II - OPERATING I				
20	ODERANTANO EVERNICES (DEP. 1990) A COL. O. LEVER AGAIN	1		2	
29	OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)			19,089,282	29
30 31	ADD (SPECIFY)				30
31					31
33					32
34					33
35					34
36	TOTAL ADDITIONS (SUM OF LINES 30-35)				35
37	DEDUCT (SPECIFY)				36
38	DEDUCT (SPECIFI)				37
39					38
40					39
41					40
42	TOTAL DEDUCTIONS (SUM OF LINES 37-41)				41
43	TOTAL DEDUCTIONS (SUM OF LINES 3/-41) TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36			10 000 00-	42
43	MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)			19,089,282	43
	THOS DIES 42, (INMESTER TO MEST G-3, DIME 4)				

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STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

DESCRIPTION	ı

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	54,954,421	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	27,773,392	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	27,181,029	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	19,089,282	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	8,091,747	5
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7,341	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	•	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	62	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	35,995	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	3,026	21
22	RENTAL OF HOSPITAL SPACE	80,285	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS INCOME)	6,349	24
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	133,058	- 25
26	TOTAL (LINE 5 PLUS LINE 25)	8,224,805	26
27	OTHER EXPENSES (LOSS ON SALE OF ASSET)	14,212	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	14,212	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	8,210,593	29

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

	COST CENTERS	PART A	PART B	TITL INPATIENT 3	E XIX OUTPATIENT 4	TIT INPATIENT 5	CLE V OUTPATIENT 6	TOTAL TI PARTY UT	
UTILI	ZATION PERCENTAGES BASED ON DAYS								
30	ADULTS & PEDIATRICS	69.53		4.59				74.12	30
UTILI	ZATION PERCENTAGES BASED ON CHARG	ES							
54	RADIOLOGY-DIAGNOSTIC	69.45	0.04	6.46				75.95	54
60	LABORATORY	72.13		4.43				76.56	60
65	RESPIRATORY THERAPY	69.31		7.08				76.39	65
66	PHYSICAL THERAPY	58.35		4.45	1.47			64.27	66
67	OCCUPATIONAL THERAPY	63.15		3.89	1.03			68.07	67
68	SPEECH PATHOLOGY	50.82		4.99	2.15			57.96	68
71	MEDICAL SUPPLIES CHRGED TO PATE	52.04	0.01	6.86	0.15			59.06	71
73	DRUGS CHARGED TO PATIENTS	71.55		6.47				78.02	73
76	PSYCHOLOGY	67.15	0.12	7.44				74.71	76
76.0	01 SPECIAL PROCEDURES	63.83		2.37				66.20	76.01
200	TOTAL CHARGES	62.09		5.01	0.96			68.06	200

	COST CENTER	DIRECT AMOUNT	COSTS	ALLOCATED AMOUNT	OVERHEAD	TOTAL AMOUNT	COSTS	
	GENERAL SERVICE COST CENTERS							
1	GENERAL SERVICE COST CENTERS CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP	1,222,462	6.78	-1,222,462	-12.73			1
2	CAP REL COSTS-MVBLE EQUIP	356,986	1.98	-356,986	-3.72			2
3	AMURR CLAIMS PRILARR COOKS							3
4	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	1,732,362	9.61	-1.732.362	-18.05			ă.
5	ADMINISTRATIVE & GENERAL	3,649,851	20.24	-3.649.851	-38.02			5
6	MAINTENANCE & REPAIRS							5 6
7	OPERATION OF PLANT	696,374	3.86	-696,374 -40,638 -284,920 -605,872	-7.25			7
8	LAUNDRY & LINEN SERVICE HOUSEKEEPING	40,638	0.23	-40.638	-0.42			8
9	HOUSEKEEPING	284,920	1.58	-284,920	-2.97			9
10	DIETARY	605.872	3.36	-605.872	-6.31			10
11	CAFETERIA			,				11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	274,889	1.52	-274,889	-2.86			13
14	CENTRAL SERVICES & SUPPLY	,						14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	217,961	1.21	-217.961	-2.27			16
17	SOCIAL SERVICE	517,822	2.87	-517,822	-5.39			17
19	NONPHYSICIAN ANESTHETISTS			,				19
20	NURSING SCHOOL		•					20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
	INPATIENT ROUTINE SERV COST CENT	ERS						
30	ADULTS & PEDIATRICS	3,579,214	19.85	5,759,100	59.99	9,338,314	51.79	30
54	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC RADIOLOGY-SUA LABORATORY	368,450	2.04	146,744	1.53	515,194	2.86	54
	RADIOLOGY-SUA	85				85		54.01
60	LABORATORY	119,630	0.66	45,095	0.47	164,725	0.91	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY MEDICAL SUPPLIES CHRGED TO PATI DRUGS CHARGED TO PATIENTS PSYCHOLOGY SPECIAL PROCEDURES CARDIAC REHABILITATION HYPERBARIC OXYGEN THERAPY					•		62.30
65	RESPIRATORY THERAPY	257,695	1.43	155,028	1.61	412,723	2.29	65
66	PHYSICAL THERAPY	1,234,438	6.85	1,184,386	12.34	2,418,824	13.41	66
67	OCCUPATIONAL THERAPY	1,055,832	5.86	861,535	8.97	1,917,367	10.63	67
68	SPEECH PATHOLOGY	558,022	3.09	433,906	4.52	991,928	5.50	68
71	MEDICAL SUPPLIES CHRGED TO PATI	229,923	1.28	150,175	1.56	380,098	2.11	71
73	DRUGS CHARGED TO PATIENTS	952,010	5.28	417,570	4.35	1,369,580	7.60	73
76	PSYCHOLOGY	52,463	0.29	44,212	0.46	96,675	0.54	76
76.01	SPECIAL PROCEDURES	8,265	0.05	2,981	0.03	11,246	0.06	76.01
76.97	CARDIAC REHABILITATION							76.97
	THE PROPERTY OF THE PARTY OF TH							76.98
76.99 92	LITHOTRIPSY							76.99
92	OBSERVATION BEDS							92
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
192	SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS PHYSICIANS' PRIVATE OFFICES NONPAID WORKERS NRCC MARKETING GUEST MEALS CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER							
192	PRISICIANS PRIVATE OFFICES	853		331,582	3.45	332,435	1.84	192
193	NUNFAID WORKERS			355		355		193
194	NKCC MARKETING	14,470	0.08	7,519	0.08	21,989	0.12	194
200	GUEST MEALS			59,949	0.62	59,949	0.33	194.01
200	NECASTIE COCS CONTENTS							200
201	NEGATIVE COST CENTER TOTAL	10 004 105						201
204	TOTAL	18,031,487	100.00			18,031,487	100.00	202

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

CO	ST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
	ANCILLARY SERVICE COST CENTERS						
54	RADIOLOGY-DIAGNOSTIC	19,129	1,043,454	0.018332	724,638	13,284	54
54.01	RADIOLOGY-SUA		791			,	54.01
60	LABORATORY	2,912	1,201,691	0.002423	866,760	2,100	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					-,	62.30
65	RESPIRATORY THERAPY	8,413	3,845,850	0.002188	2,665,514	5,832	65
6 6	PHYSICAL THERAPY	234,599	10,754,024	0.021815	6,275,333	136,896	66
67	OCCUPATIONAL THERAPY	128,025	10,173,950	0.012584	6,425,134	80,854	67
68	SPEECH PATHOLOGY	61,258	4,178,649	0.014660	2,123,543	31,131	68
71	MEDICAL SUPPLIES CHRGED TO PATI	31,680	1,052,884	0.030089	547,906	16,486	71
73	DRUGS CHARGED TO PATIENTS	22,725	3,948,705	0.005755	2,825,201	16,259	73
76	PSYCHOLOGY	6,687	439,128	0.015228	294,856	4,490	76
76.01		118	91,952	0.001283	58,697	75	76.01
	CARDIAC REHABILITATION						76.97
	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	OBSERVATION BEDS						92
	OTHER REIMBURSABLE COST CENTERS						
200	TOTAL	515,546	36,731,078		22,807,582	307,407	200

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

C	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
30 200	INPATIENT ROUTINE SERVICE COST CENT ADULTS & PEDIATRICS TOTAL	ERS 907,249 907,249		907,2 49 907,2 49	23,200 23,200	39.11	16,130 16,130	630,844 30 630,844 200
	MEDICARE INPATIENT ROUTINE SERVICE POMEDICARE INPATIENT ANCILLARY SERVICE TOTAL MEDICARE INPATIENT PPS CAPITAL MEDICARE DISCHARGES (WKST S-3, PART) MEDICARE PATIENT DAYS (WKST S-3, PART) PER DISCHARGE CAPITAL COSTS PER DIEM CAPITAL COSTS	PPS CAPITAL COSTS I, LINE 14,	COLUMN 13)	WKST S-3, PA	ART I, LINE S,	COLUMN 6)		630,844 307,407 938,251 1,125 16,130 834.00 58.17

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I. COST TO CHARGE RATIO FOR FREESTANDING IRF

1.	TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINES 30-35 + WKST D PART IV COL 11 LINE 200))	11,634,735
2.	TOTAL MEDICARE CHARGES (WKST D-3 COLUMN 2 LINES 30-35 + LINE 202)	35,463,440
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.328
	II. COST TO CHARGE RATIO FOR CAPITAL	
1.	TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	938,251
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.026
	III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES	
1.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	358
2.	TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	1,050
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.341